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MONTANA DIRECTORY OF Services For Severely Handicapped Persons

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Developed by the
Montana Model for Education
of the Severely Handicapped
Project

Montana MESH is a joint project of:

Montana Office of Public Instruction
Helena, MT

Montana University Affiliated Program
University of Montana
Missoula, MT

LEAD OFFICE
Montana Center For Handicapped Children
Eastern Montana College
Billings, MT 59101
(406) 657-2312

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October 31, 1985

MONTANA DIRECTORY OF SERVICES FOR
SEVERELY HANDICAPPED PROGRAM

READER COMMENT FORM

YOUR COMMENTS ON THIS DIRECTORY ARE IMPORTANT. AFTER YOU HAVE REVIEWED THE DIRECTORY, PLEASE TAKE THE TIME TO FILL OUT THE FOLLOWING BRIEF FROM AND RETURN IT TO THE ADDRESS INDICATED BELOW. THE FEEDBACK WE RECEIVE WILL ENABLE US TO CRITICALLY EVALUATE AND IMPROVE THE DIRECTORY FOR SUBSEQUENT EDITIONS.

1. THE "INTRODUCTORY SECTION" WAS:

POORLY WRITTEN AND UNINFORMATIVE		UNDERSTANDABLE		WELL WRITTEN AND VERY INFORMATIVE
1	2	3	4	5

2. THE "USERS GUIDE" WAS:

POORLY WRITTEN AND DIFFICULT TO UNDERSTAND		UNDERSTANDABLE		WELL WRITTEN AND EASY TO UNDERSTAND
1	2	3	4	5

3. THE "GOVERNMENT AGENCY DESCRIPTIONS" WERE:

POORLY WRITTEN AND DIFFICULT TO UNDERSTAND		UNDERSTANDABLE		WELL WRITTEN AND EASY TO UNDERSTAND
1	2	3	4	5

4. THE "SERVICE/PROGRAM DESCRIPTIONS" WERE:

POORLY WRITTEN AND DIFFICULT TO UNDERSTAND		UNDERSTANDABLE		WELL WRITTEN AND EASY TO UNDERSTAND
1	2	3	4	5

5. THE "SEARCH PROCEDURE" WAS:

POORLY WRITTEN AND DIFFICULT TO UNDERSTAND		UNDERSTANDABLE		WELL WRITTEN AND EASY TO UNDERSTAND
1	2	3	4	5

6. THE "INDEXES" WERE:

NOT USEFUL		USEFUL		VERY USEFUL
1	2	3	4	5

7. OVERALL THE "DIRECTORY" WAS:

NOT USEFUL		USEFUL		VERY USEFUL
1	2	3	4	5

COMMENTS: _____

PREFACE

THE MONTANA DIRECTORY OF SERVICES FOR SEVERELY HANDICAPPED PERSONS WAS DEVELOPED BY THE MONTANA M.E.S.H. (MODEL FOR THE EDUCATION OF THE SEVERELY HANDICAPPED) PROJECT. THIS PROJECT HAS BEEN FUNDED ON A THREE-YEAR BASIS BY THE U.S. DEPARTMENT OF EDUCATION TO STUDY AND PROMOTE COMPREHENSIVE STATE-WIDE DELIVERY SYSTEMS OF EDUCATION TO SEVERELY HANDICAPPED PERSONS FROM THE AGES OF BIRTH THROUGH 21.

THE TERM SEVERELY HANDICAPPED, FOR THE PURPOSES OF THIS PROJECT, INCLUDE ALL THOSE PERSONS WHO ARE CLASSIFIED AS SERIOUSLY EMOTIONALLY DISTURBED (INCLUDING CHILDREN WHO ARE SCHIZOPHRENIC), PROFOUNDLY AND SEVERELY MENTALLY RETARDED, AND THOSE WITH TWO OR MORE SERIOUS HANDICAPPING CONDITIONS, SUCH AS DEAF/BLIND, MENTALLY RETARDED BLIND, AND THE CEREBRAL PALSIED DEAF.

APPROXIMATELY 5 PERCENT OF ALL HANDICAPPED PERSONS CAN BE IDENTIFIED AS SEVERELY HANDICAPPED. IN MONTANA, ABOUT 75 SUCH PRESCHOOL AGE CHILDREN ARE BEING SERVED BY FAMILY HOME TRAINING PROGRAMS, 660 ARE RECEIVING SERVICES THROUGH PUBLIC SCHOOLS, AND 150 YOUTHS OVER THE AGE OF 18 ARE BEING SERVED IN STATE-OPERATED PROGRAMS.

MESH'S PURPOSE IS TO OBTAIN INFORMATION ABOUT AND DESCRIBE THOSE SERVICES, ANALYZE THEM TO DETERMINE STRENGTHS AND WEAKNESSES, DESIGN A COMPREHENSIVE SERVICE DELIVERY MODEL AND IMPLEMENT ASPECTS OF THAT MODEL TO VALIDATE ITS EFFECTIVENESS IN IMPROVING EDUCATIONAL SERVICES FOR THOSE CHILDREN.

MONTANA HAS SEVERAL ATTRIBUTES WHICH WILL MAKE THE OUTCOME OF THE STUDY OF INTEREST TO OTHER RURAL STATES, AS WELL. IT IS THE FOURTH LARGEST STATE IN LAND AREA, BUT ONLY 41ST IN POPULATION. THERE ARE SEVERAL MINORITY GROUPS IN THE STATE AND 10 PERCENT OF THE POPULATION LIVES ON INDIAN RESERVATIONS. MOST STATE RESIDENTS LIVE IN TOWNS OF LESS THAN 25,000 PEOPLE AND MANY LIVE IN TOWNS OF LESS THAN 1,000. ADDITIONALLY, OUR STATE HAS EXPERIENCED "BOOM TOWNS" AND THE STRESS THAT RAPID COMMUNITY EXPANSION PLACES ON STATE AND LOCAL SERVICES. WESTERN STATES CAN EXPECT MORE OF SUCH PROBLEMS AS THE SEARCH FOR NEW ENERGY RESOURCES HEIGHTEN.

IT IS EXPECTED THAT MESH WILL CONTRIBUTE SIGNIFICANTLY TO THE EFFORTS OF RURAL STATES THAT ARE TRYING TO PROVIDE BOTH BROAD BASED AND AFFORDABLE SERVICES TO THOSE WHO ARE SEVERELY HANDICAPPED. IT IS PARTICULARLY IMPORTANT FOR RURAL STATES TO DEVISE SUCH SYSTEMS IN A MANNER THAT ELIMINATES THE NEED FOR RURAL-BASED FAMILIES TO CHOOSE BETWEEN REMAINING UNSERVED WHERE THEY ARE OR UPROOTING TO URBAN AREAS TO FIND THOSE SERVICES.

TASK I: DESCRIPTION

MESH'S FIRST TASK IS TO DESCRIBE EXISTING EDUCATIONAL AND RELATED SERVICES PROVIDED SEVERELY HANDICAPPED BETWEEN THE AGES OF BIRTH AND 21 IN MONTANA. THIS TASK WILL INCLUDE AN EXTENSIVE SEARCH FOR AND DISCUSSION WITH SERVICE PROVIDERS THROUGHOUT THE STATE, AND A DESCRIPTION OF EACH AGENCY IN TERMS OF THE NUMBER OF CLIENTS BEING SERVED, THEIR AGES AND PRIMARY DISABILITIES, ENTRANCE AND EXIT REQUIREMENTS, APPLICATION PROCEDURES, AND SUPPORT SERVICES AVAILABLE. OF ADDITIONAL INTEREST TO OUR PROJECT ARE PROGRAMMATIC STRENGTHS

AND NEEDS WITH REGARD TO CURRICULUM, STAFF TRAINING, IEP DEVELOPMENT, SUPPORT STAFF, INTERAGENCY COMMUNICATION, CLIENT OPPORTUNITY AND TRAVEL, FUNDING AND COSTS, AND TRANSITION PROGRAMS.

THIS INFORMATION WILL THEN BE SUMMARIZED TO THE STATE-WIDE SERVICE AND PROGRAMMATIC NEEDS OF THE SEVERELY HANDICAPPED. THIS TASK WILL CONTINUE THROUGHOUT THE LIFE OF THE PROJECT.

TASK II: ANALYSIS

THE INITIAL STEP WILL BE TO DETERMINE CURRENT NATIONAL "BEST PRACTICES" FOR EDUCATION OF THE SEVERELY HANDICAPPED. "BEST PRACTICES" WILL BE SUBJECTED TO A STATE REVIEW BY VARIOUS EDUCATION AGENCIES, CONSUMERS, PROFESSIONALS, AND SERVICE PROVIDERS TO IDENTIFY AND COMPILE THE "BEST PRACTICES" MOST APPLICABLE TO MONTANA'S SERVICE DELIVERY CHALLENGES. FROM THIS MASTER LIST, GOALS THAT ARE TAILORED TO THE NEEDS OF ONE STATE EDUCATION AGENCY AND EACH OF EIGHT REPRESENTATIVE SCHOOL DISTRICTS WILL BE SELECTED TO FORM THE GOAL ATTAINMENT SCALE.

SCORES ON THE GOAL ATTAINMENT SCALE WILL BE OBTAINED BY INTERVIEWS AND DIRECT OBSERVATION AT THE STATE EDUCATION AGENCY AND IN EACH SELECTED DISTRICT. THE SCORES WILL THEN BE COMPARED WITH THE MODEL SELECTED FOR THE SITE TO DETERMINE STRENGTHS AND WEAKNESSES IN THE QUANTITY AND/OR QUALITY OF AVAILABLE SERVICES. FINALLY, AFTER THE ANALYSIS, MESH PERSONNEL WILL CONTACT THE SITES WITH FEEDBACK, GUIDELINES, AND/OR RECOMMENDATIONS FOR ATTAINING GOALS OR REDUCING DUPLICATED SERVICES.

TASK III: DESIGN

USING THE RESULTS OF THE ANALYSIS, MONTANA MESH WILL INCORPORATE THE APPROPRIATE "BEST PRACTICES" INTO A COMPREHENSIVE SERVICE-DELIVERY MODEL FOR MONTANA THAT ADDRESSES SUCH KEY COMPONENTS AS PARENT INVOLVEMENT, TRANSITION PREPARATION, VOLUNTEER USE, AND STAFF TRAINING, AND ACCOUNTS FOR HOW EACH OF THESE COMPONENTS IS AFFECTED BY THE NEEDS OF DIFFERENT AGES. FOCUSING ON THE CHARACTERISTICS AND NEEDS OF SPECIFIC REGIONS AND SITES WITHIN THE STATE, MESH WILL DEVELOP PROCEDURES AND MATERIALS FOR IMPLEMENTING ASPECTS OF THE MODEL IN A FEW SELECTED PROGRAMS. THE MODEL WILL AIM TO PRODUCE OBSERVABLE IMPROVEMENTS AS MEASURED BY THE GOAL ATTAINMENT SCALE IN THE SERVICE DELIVERY SYSTEMS OF THESE PROGRAMS.

TASK IV: IMPLEMENTATION

MESH'S FOURTH TASK IS TO IMPLEMENT ASPECTS OF THE DEVELOPED PROGRAM THROUGH A PILOT PROGRAM. THE FOCUS OF THIS IMPLEMENTATION IS EXPECTED TO BE ON PARENTAL INVOLVEMENT IN PRESCHOOL AND POST-AGE 18 PROGRAMS, AS WELL AS TRANSITIONS OF SEVERELY HANDICAPPED YOUTH FROM PRESCHOOL PROGRAMS TO REGULAR SCHOOL AND FROM HIGH SCHOOL TO STATE-OPERATED, COMMUNITY-BASED PROGRAMS. BOTH PRESCHOOLS AND AGE 18 TO 21 PROGRAMS CURRENTLY FALL INTO THE "PERMISSIVE" CATEGORY (I.E., LOCAL AGENCIES MAY CHOOSE TO PROVIDE) OF SERVICE PROVISION IN MONTANA AND, THUS ARE MORE LIKELY TO BE FLEXIBLE AND OPEN TO INNOVATION THAN ARE MANDATED PROGRAMS

INTRODUCTION

THE MONTANA DIRECTORY OF SERVICES FOR SEVERELY HANDICAPPED PERSONS CONTAINS DESCRIPTIVE INFORMATION ON APPROXIMATELY 250 AGENCIES WITHIN MONTANA THAT OFFER PROGRAMS AND SERVICES FOR SEVERELY HANDICAPPED CHILDREN BETWEEN THE AGES OF BIRTH AND 21 YEARS. THIS DIRECTORY WAS DEVELOPED BY THE MONTANA MODEL FOR EDUCATION OF THE SEVERELY HANDICAPPED (MESH) PROJECT, FUNDED BY THE U.S. DEPARTMENT OF EDUCATION. THE INFORMATION INCLUDED IN THE AGENCY DESCRIPTIONS WAS OBTAINED THROUGH PHONE CONVERSATIONS CONDUCTED BETWEEN JANUARY AND JUNE, 1984. EACH AGENCY DESCRIPTION PROVIDES INFORMATION IN A VARIETY OF AREAS INCLUDING: AGES OF CLIENTS SERVED, TYPES OF DISABILITIES (BOTH PRIMARY AND SECONDARY) SERVED, TYPES OF PROGRAMS AND SERVICES OFFERED, ENTRANCE AND EXIT CRITERIA, REFERRAL INFORMATION, AND COSTS AND FINANCIAL ASSISTANCE ASSOCIATED WITH THE SERVICES OFFERED.

WHAT IS THE PURPOSE OF THIS DIRECTORY?

THE PURPOSE OF THIS DIRECTORY IS TO PROVIDE A COMPREHENSIVE DESCRIPTION OF THE PROGRAMS AND SERVICES AVAILABLE FOR HANDICAPPED PERSONS IN MONTANA. THIS DESCRIPTION CAN BE USED TO (1) IDENTIFY RESOURCES AVAILABLE FOR "SPECIFIC" HANDICAPPED INDIVIDUALS IN ANY PART OF THE STATE, (2) IDENTIFY THE RANGE AND TYPE OF PROGRAMS/SERVICES GENERALLY AVAILABLE FOR HANDICAPPED INDIVIDUALS ACROSS THE STATE TO PINPOINT GAPS IN NEEDS IN THE SERVICE DELIVERY SYSTEM, AND (3) PROVIDE A RESOURCE FOR PLANNING A COMPREHENSIVE SERVICE SYSTEM.

PROVIDING COMPREHENSIVE SERVICES FOR SEVERELY HANDICAPPED PERSONS REQUIRES A COMPLEX SYSTEM OF AGENCIES, PROGRAMS, AND PROFESSIONALS ADDRESSING THE AGE RANGE FROM BIRTH TO ADULTHOOD. ADDITIONALLY, TO MEET THE DIVERSE NEEDS OF THIS POPULATION, THE SERVICE SYSTEM MUST INCLUDE A WIDE ARRAY OF AGENCIES LIKE SCHOOL DISTRICTS, DEVELOPMENTAL DISABILITIES PROGRAMS, MENTAL HEALTH CENTERS, CHILD AND FAMILY SERVICES, DIAGNOSIS AND EVALUATION CLINICS, VOCATIONAL REHABILITATION, RESIDENTIAL FACILITIES, INSTITUTIONS, NURSING HOMES, AND MANY OTHERS. THIS DIRECTORY HAS OBTAINED INFORMATION ON MOST AGENCIES SERVING THIS POPULATION TO DESCRIBE MONTANA'S SERVICE DELIVERY SYSTEM.

WHO ARE THE SEVERELY HANDICAPPED?

THE FOLLOWING DEFINITION OF SEVERELY HANDICAPPED CHILDREN HAS BEEN ADOPTED BY THE U.S. DEPARTMENT OF EDUCATION:

> "SEVERELY HANDICAPPED CHILDREN" ARE THOSE WHO BECAUSE OF THE INTENSITY OF THEIR PHYSICAL, MENTAL, OR EMOTIONAL PROBLEMS, OR A COMBINATION OF SUCH PROBLEMS, NEED EDUCATIONAL, SOCIAL, PSYCHOLOGICAL, AND MEDICAL SERVICES BEYOND THOSE WHICH ARE TRADITIONALLY OFFERED BY REGULAR AND SPECIAL EDUCATION PROGRAMS, IN ORDER TO MAXIMIZE THEIR FULL POTENTIAL FOR USEFUL AND MEANINGFUL PARTICIPATION IN SOCIETY AND FOR SELF-FULFILLMENT.

THE TERM INCLUDES THOSE CHILDREN WHO ARE CLASSIFIED AS SERIOUSLY EMOTIONALLY DISTURBED (INCLUDING CHILDREN WHO ARE SCHIZOPHRENIC), PROFOUNDLY AND SEVERELY MENTALLY RETARDED, AND THOSE WITH TWO OR MORE SERIOUS HANDICAPPING CONDITIONS

SUCH AS DEAF/BLIND, MENTALLY RETARDED/BLIND, AND THE CEREBRAL PALSIED DEAF. "SEVERELY HANDICAPPED CHILDREN" MAY:

1. POSSESS SEVERE LANGUAGE AND/OR PERCEPTUAL COGNITIVE DEPRIVATIONS AND EVIDENCE ABNORMAL BEHAVIORS SUCH AS:

   A. FAILURE TO RESPOND TO SOCIAL STIMULI,

   B. SELF-MUTILATION,

   C. SELF-STIMULATION,

   D. MANIFESTATION OF INTENSE AND PROLONGED TEMPER TANTRUMS, AND

   E. THE ABSENCE OF RUDIMENTARY FORMS OF COMMUNICATION.

2. ALSO HAVE EXTREMELY FRAGILE PHYSIOLOGICAL CONDITIONS.

THE MONTANA OFFICE OF PUBLIC INSTRUCTION DOES NOT INCLUDE WITHIN ITS RULES AND REGULATIONS A SPECIFIC DEFINITION OR CATEGORY FOR SEVERELY HANDICAPPED. FOR THE PURPOSE OF THIS DESCRIPTION, SEVERELY HANDICAPPED CHILDREN AND YOUTH INCLUDE THOSE WHO ARE MOST SEVERELY INVOLVED AND IN NEED OF SPECIALIZED SERVICES BEYOND THOSE GENERALLY PROVIDED FOR THE HANDICAPPED POPULATION.

DEAF: A HEARING IMPAIRMENT THAT IS SO SEVERE THAT THE CHILD'S HEARING IS NONFUNCTIONAL FOR THE PURPOSE OF EDUCATIONAL PERFORMANCE.

DEAF/BLIND: CONCOMITANT HEARING AND VISUAL IMPAIRMENTS, THE COMBINATION OF WHICH CAUSES SUCH SEVERE EDUCATIONAL PROBLEMS FOR THE CHILDREN SO IMPAIRED THAT THEY CANNOT BE ACCOMMODATED IN SPECIAL EDUCATION.

DEVELOPMENTALLY DISABLED: A DEVELOPMENTAL DISABILITY IS ATTRIBUTABLE TO MENTAL RETARDATION, CEREBRAL PASLY, EPILEPSY, AUTISM, OR ANY OTHER NEUROLOGICAL HANDICAPPING CONDITION CLOSELY RELATED TO MENTAL RETARDATION AND REQUIRING TREATMENT SIMILAR TO THAT REQUIRED BY MENTALLY RETARDED INDIVIDUALS IF THE DISABILITY ORIGINATED BEFORE THE PERSON ATTAINED AGE 18, HAS CONTINUED OR CAN BE EXPECTED TO CONTINUE INDEFINITELY, AND CONSTITUTES A SUBSTANTIAL HANDICAP OF THE PERSON.

EMOTIONALLY DISBURTED: A CONDITION EXHIBITING ONE OR MORE OF THE FOLLOWING CHARACTERISTICS TO A MARKED DEGREE AND OVER A LONG PERIOD OF TIME: AN INABILITY TO LEARN THAT CANNOT BE EXPLAINED BY INTELLECTUAL, SENSORY, OR HEALTH FACTORS; AN INABILITY TO BUILD OR MAINTAIN SATISFACTORY INTERPERSONAL RELATIONSHIPS WITH PEERS AND TEACHERS; INAPPROPRIATE TYPES OF BEHAVIORS OR FEELINGS UNDER NORMAL CIRCUMSTANCES; A GENERAL PERVASIVE MOOD OF UNHAPPINESS OR DEPRESSION; OR A TENDENCY TO DEVELOP PHYSICAL SYMPTOMS, PAINS, OR FEARS ASSOCIATED WITH PERSONAL OR SCHOOL PROBLEMS. THE TERM DOES NOT INCLUDE CHILDREN WHO ARE SOCIALLY MALADJUSTED. THE EMOTIONALLY DISTURBED CATEGORY MIGHT INCLUDE STUDENTS WHO ALSO MAY HAVE BEEN DIAGNOSED BY APPROPRIATE SPECIALISTS AS AUTISTIC, PSYCHOTIC, SOCIOPATHIC, OR SCHIZOPHRENIC. AN EMOTIONALLY DISTURBED CHILD'S DISORDERS ARE NOT PHYSICAL HANDICAPS, CULTURAL OR INSTRUCTIONAL FACTORS, OR MENTAL RETARDATION. "EMOTIONALLY DISTURBED" REFERS TO A PERSON WHO HAS BEEN IDENTIFIED, BASED ON COMPREHENSIVE EVALUATION, AS HAVING OBSERVABLE BEHAVIORAL PATTERNS THAT SERIOUSLY INHIBIT THE ACADEMIC AND SOCIAL OR EMOTIONAL GROWTH OF THE INDIVIDUAL OR THE EDUCATIONAL RIGHTS OF OTHERS TO THE POINT THAT SUPPORTIVE SERVICES ARE REQUIRED. THESE BEHAVIORAL PATTERNS MAY INCLUDE:

1. EXCESSIVE PHYSICAL OR VERBAL AGGRESSION TOWARD SELF OR OTHERS AND A LACK OF RESPONSE TO REGULAR EDUCATIONAL INTERVENTION,

2. HIGH FREQUENCY OF PERSISTENT INATTENTION TO ACADEMIC OR SOCIAL TASKS ASSOCIATED WITH REGULAR CLASSROOM PERFORMANCE, AND

3. PERSISTENT WITHDRAWAL FROM PEER OR ADULT INTERACTIONS ASSOCIATED WITH THE EXPECTED SOCIAL DEVELOPMENT IN A REGULAR EDUCATIONAL ENVIRONMENT.

HEARING IMPAIRED: A HEARING IMPAIRMENT, WHETHER PERMANENT OR FLUCTUATING, THAT ADVERSELY AFFECTS A CHILD'S EDUCATIONAL PERFORMANCE BUT IS NOT INCLUDED WITHIN THE DEFINITION OF DEAF.

LEARNING DISABILITY: A DISORDER IN ONE OR MORE OF THE BASIC PSYCHOLOGICAL PROCESSES INVOLVED IN UNDERSTANDING OR IN USING LANGUAGE, SPOKEN OR WRITTEN, WHICH MAY MANIFEST ITSELF IN AN IMPERFECT ABILITY TO LISTEN, THINK, SPEAK, READ, WRITE, SPELL, OR DO MATHEMATICAL CALCULATIONS. THE TERM INCLUDES, BUT IS NOT LIMITED TO, SUCH CONDITIONS AS PERCEPTUAL HANDICAPS, BRAIN INJURY, MINIMAL BRAIN DYSFUNCTION, DYSLEXIA, AND DEVELOPMENTAL APHASIA. THE TERM DOES NOT INCLUDE CHILDREN WHO HAVE LEARNING PROBLEMS WHICH ARE PRIMARILY THE RESULT OF VISUAL, HEARING, OR MOTOR HANDICAPS; MENTAL RETARDATION; OR ENVIRONMENTAL, CULTURAL, OR ECONOMIC DISADVANTAGES.

MENTALLY RETARDED: REFERS TO SIGNIFICANT SUBAVERAGE GENERAL INTELLECTUAL FUNCTIONING, WHICH ORIGINATED DURING THE DEVELOPMENTAL PERIOD. THE INDIVIDUAL DOES NOT EXHIBIT ACCEPTABLE ADAPTIVE BEHAVIOR. ALL THREE CRITERIA MUST BE MET BEFORE A PERSON IS SO CLASSIFIED. SUBAVERAGE GENERAL INTELLECTUAL FUNCTIONING IS REGARDED AS APPROXIMATELY 1.6 STANDARD DEVIATIONS BELOW THE POPULATION MEAN (I.Q. OF APPROXIMATELY 75) FOR THE AGE GROUP INVOLVED AS DETERMINED BY AN INDIVIDUAL TEST OF GENERAL INTELLECTUAL FUNCTIONING.

MULTIHANDICAPPED: "MULTIHANDICAPPED" MEANS CONCOMITANT IMPAIRMENTS (SUCH AS MENTALLY RETARDED/BLIND, MENTALLY RETARDED/ORTHOPEDICALLY IMPAIRED, ETC.) THE COMBINATION OF WHICH CAUSES SUCH SEVERE EDUCATIONAL PROBLEMS THAT THE CHILDREN SO IMPAIRED CANNOT BE ACCOMODATED IN SPECIAL EDUCATIONAL PROGRAMS DESIGNED SOLELY FOR ONE OF THE IMPAIRMENTS. THE TERM DOES NOT INCLUDE DEAF/BLIND CHILDREN.

ORTHOPEDICALLY/PHYSICALLY IMPAIRED: A SEVERE ORTHOPEDIC IMPAIRMENT MAY ADVERSELY AFFECT A CHILD'S EDUCATIONAL PERFORMANCE. THE TERM INCLUDES, BUT IS NOT LIMITED TO, IMPAIRMENT CAUSED BY CONGENITAL ANOMALY (E.G., CLUBFOOT OR ABSENCE OF SOME MEMBER), IMPAIRMENTS CAUSED BY DISEASE (E.G., POLIOMYELITIS, BONE TUBERCULOSIS) AND IMPAIRMENTS FROM OTHER CAUSES (E.G., FRACTURES OR BURNS THAT CAUSE CONTRACTURES, AMPUTATION, CEREBRAL PALSY).

SPEECH/LANGUAGE IMPAIRED: A COMMUNICATION DISORDER SUCH AS STUTTERING, IMPAIRED ARTICULATION, OR A LANGUAGE OR VOICE IMPAIRMENT THAT ADVERSELY AFFECTS A CHILD'S INTERPERSONAL RELATIONSHIPS OR EDUCATIONAL PERFORMANCE.

VISUALLY IMPAIRED: AN IMPAIRMENT THAT, AFTER CORRECTION, ADVERSELY AFFECTS A CHILD'S EDUCATIONAL PERFORMANCE. THE TERM INCLUDES BOTH PARTIALLY SIGHTED AND BLIND CHILDREN.

USER'S GUIDE

FOR EASE OF USE, THE DIRECTORY IS DIVIDED INTO THE FOLLOWING CATEGORIES:

1. GOVERNMENT AGENCY DESCRIPTIONS: AN OVERVIEW OF GOVERNMENT AGENCIES THAT PROVIDE OR SUPPORT PROGRAMS AND/OR SERVICES TO SEVERELY HANDICAPPED PERSONS. THE DESCRIPTIONS ARE ARRANGED ALPHABETICALLY BY AGENCY AND DEPARTMENT NAME.

2. SERVICE/PROGRAM DESCRIPTIONS: IN-DEPTH DESCRIPTIONS OF AGENCIES WITHIN MONTANA THAT PROVIDE SERVICES TO SEVERELY HANDICAPPED PERSONS. THE DESCRIPTIONS ARE ARRANGED ALPHABETICALLY BY AGENCY NAME.

3. INDEXES: FOUR INDEXES ARE PROVIDED FOR YOUR CONVENIENCE. THEY INCLUDE:

   A. ALPHABETICAL: AN ALPHABETICAL LISTING OF AGENCIES (CROSS-REFERENCED) DESCRIBED IN THE SERVICE/PROGRAM DESCRIPTIONS SECTION.

   B. CODED SERVICE/PROGRAM: A BREAKDOWN OF THE AGENCIES BY CODES WHICH INDICATE THEIR PRIMARY SERVICE. A CODING KEY IS PROVIDED.

   C. COUNTY: AN ALPHABETICAL LIST OF COUNTIES AND THE AGENCIES WITHIN THAT SERVE SEVERELY HANDICAPPED INDIVIDUALS AND THE AGES THEY SERVE.

      SINCE MONTANA IS DIVIDED INTO SERVICE REGIONS, TWO MAPS ARE INCLUDED WITH THE COUNTY INDEX TO ASSIST WITH IDENTIFYING THE COUNTIES WITHIN THE REGIONAL AND AREA DESIGNATIONS.

   C. SATELLITE: AN ALPHABETICAL LISTING BY AGENCY INDICATING THE LOCATION(S) OF THAT AGENCY'S SATELLITE(S).

4. SEARCH PROCEDURE: DESCRIBES HOW TO INITIATE A COMPUTERIZED SEARCH WITH AN EXAMPLE AND FORMS INCLUDED.

NOTES ON DIRECTORY PAGE CONTENT:

1. * INDICATES THIS AGENCY SERVES SEVERELY HANDICAPPED POPULATIONS (AS DEFINED BY THE MONTANA MESH PROJECT).

2. AGES SERVED: THE AGE RANGE LISTED SHOWS THE AGES THAT AN AGENCY CAN SERVE, NOT NECESSARILY THE AGES OF PEOPLE CURRENTLY BEING SERVED. ALSO, IN SOME CASES, THE AGE RANGE LISTED FOR AN AGENCY DOES NOT APPLY TO ALL PROGRAMS OFFERED BY THAT AGENCY. FOR EXAMPLE, AN AGENCY MAY STATE THAT IT SERVES PEOPLE THREE YEARS AND OLDER, HOWEVER, THREE YEAR OLDS WOULD NOT LIVE IN THAT AGENCY'S GROUP HOME, BUT MAY BE SERVED IN ITS DIAGNOSTIC/EVALUATION PROGRAM.

3. ** INDICATES A "PRIMARY" DISABILITY THAT IS OR COULD BE SERVED BY THIS AGENCY. OTHER DISABILITIES LISTED ARE CONSIDERED SECONDARY. IF THE DISABILITY IS LISTED AS SECONDARY, THE AGENCY WILL SERVE PERSONS WITH CONDITIONS CONSIDERED AS SECONDARY IF THESE CONDITIONS EXIST IN CONJUNCTION WITH A PRIMARY HANDICAPPING CONDITION. THE AGENCY WOULD NOT BE ABLE TO PROVIDE SERVICES IF THIS WERE THE ONLY CONDITION (FOR EXAMPLE, AN AGENCY MAY SERVE A MULTIHANDICAPPED CHILD WHO IS ALSO BLIND, BUT MAY NOT SERVE BLIND CHILDREN SPECIFICALLY).

4. SERVICE(S) TYPICALLY AVAILABLE: THE DIRECTORY LISTS SERVICES THAT AN AGENCY PROVIDES AS WELL AS SERVICES THAT ARE TYPICALLY AVAILABLE THROUGH THE AGENCY.

GOVERNMENT AGENCY DESCRIPTIONS

July 31, 1984

AGENCY: DEPARTMENT OF INSTITUTIONS,
CORRECTIONS DIVISION

ADDRESS: 1539 ELEVENTH AVENUE
HELENA, MT 59601

PHONE: 444-5671

CONTACT: DANIEL D. RUSSELL
ADMINISTRATOR

CORRECTIONAL INSTITUTIONS

MONTANA CORRECTIONAL INSTITUTIONS INCLUDE MONTANA STATE PRISON, PINE HILLS SCHOOL, MOUNTAIN VIEW SCHOOL FOR GIRLS, SWAN RIVER FOREST CAMP, AND MONTANA WOMEN'S CORRECTIONAL CENTER.

SERVICES:

1. PHYSICAL/RECREATION SERVICES: PHYSICAL NEEDS ARE PROVIDED FOR ALL INMATES INCLUDING SOCIAL AND RECREATIONAL ASPECTS. THERE ARE NO FORMAL SERVICE DELIVERY SYSTEMS FOR PHYSICALLY HANDICAPPED INMATES (RESIDENTS) NOR ARE THE INSTITUTIONS DESIGNED SO THEY WILL EASILY ACCOMMODATE NONAMBULATORY RESIDENTS.

   LESS THAN 1 PERCENT OF THE INSTITUTIONAL POPULATION HAS A SUBSTANTIAL PHYSICAL HANDICAP (EITHER ORTHOPEDICALLY IMPAIRED OR SUFFERING FROM A CHRONIC OR TERMINAL ILLNESS). CONSEQUENTLY THERE ARE NO ESTABLISHED "SPECIAL" PHYSICAL EDUCATION PROGRAMS.

2. EDUCATION: THE DIRECTOR OF EDUCATION OF MONTANA STATE PRISON ESTIMATES THAT 10 PERCENT OF THE ENTIRE PRISON POPULATION IS LEARNING DISABLED. THE LEARNING DISABLED PERCENTAGE IS EVEN GREATER AT THE JUVENILE INSTITUTIONS. ALL EDUCATIONAL PROGRAMMING FOR THE ADULT SEGMENT MUST BE BROUGHT INTO THE PRISON OR ARRANGED THROUGH CORRESPONDENCE. THE JUVENILE INSTITUTIONS MAY ALLOW CERTAIN RESIDENTS TO ATTEND CLASSES IN THE COMMUNITY, THUS THEY HAVE ACCESS TO A WIDE RANGE OF CURRICULUM AND SPECIAL EDUCATION NOT FOUND WITHIN THE INSTITUTION.

   VOCATIONAL EDUCATION IS LIMITED DUE TO PROGRAM FUNDING, THE NUMBER OF TRAINED INSTRUCTORS, AND THE NUMBER OF RESIDENTS WHO WISH TO ATTEND. THERE ARE NO ESTABLISHED "SPECIAL" VOCATIONAL EDUCATION PROGRAMS, HOWEVER, TEACHERS WITH SPECIAL EDUCATION CREDENTIALS PROVIDE INDIVIDUALIZED PERSONAL PROGRAMS FOR THE STUDENTS INCLUDING VOCATIONAL AND ACADEMIC INSTRUCTION.

3. CLINICAL: CLINICAL SERVICES ARE PROVIDED TO ALL RESIDENTS. THE DIRECTOR OF CLASSIFICATION AND TREATMENT AT MONTANA STATE PRISON STATES THAT THE POPULATION OF OFFENDERS WHO ARE MENTALLY RETARDED IS LESS THAN 2 PERCENT. THE REMAINDER OF THE INSTITUTIONAL PROGRAMS INDICATE THAT THERE IS 1 PERCENT MENTALLY RETARDED. THE AREA OF GREATEST CONCERN IS THE EMOTIONALLY DISTURBED OR PSYCHOPATHIC PERSONALITY WHO FUNCTIONS FAIRLY WELL BUT EXHIBITS ANTISOCIAL BEHAVIOR OR OCCASIONAL LOSS OF REALITY.

   THE CLINICAL SERVICES SECTION AT MONTANA STATE PRISON IS MOST CONCERNED WITH THE PSYCHOTIC PERSONALITY WHO MAY NOT BE ELIGIBLE FOR TRANSFER TO WARM SPRINGS STATE HOSPITAL.

COMMUNITY CORRECTIONS

SERVICES GENERALLY USED BY COMMUNITY CORRECTIONS ARE THOSE FOUND IN THE LOCAL AREA. THEY INCLUDE MENTAL HEALTH, DRUG/ALCOHOL COUNSELLING, PUBLIC ASSISTANCE, SALVATION ARMY, GOOD WILL INDUSTRIES, VOCATIONAL REHABILITATION, SRS, ADULT BASIC EDUCATION, JOB SERVICES DIVISION.

SERVICES:

PROBATION/PAROLE OFFICES AND PRERELEASE CENTERS USE THE FULL RANGE OF SERVICES AVAILABLE WITHIN THEIR RESPECTIVE COMMUNITIES. SUCH SERVICES INCLUDE: SOCIAL REHABILITATION SERVICES, JOB SERVICE, MENTAL HEALTH, PUBLIC ASSISTANCE, SOCIAL SECURITY, JOB CORPS, ALCOHOL AND DRUG SERVICES, ADULT BASIC EDUCATION, ETC.

July 31, 1984

AGENCY: DEPARTMENT OF INSTITUTIONS,
MENTAL HEALTH AND RESIDENTIAL
SERVICES DIVISION

ADDRESS: 1539 ELEVENTH AVENUE
HELENA, MT 59601

PHONE: 444-3964

CONTACT: JERRY HOOVER
ADMINISTRATOR

PROGRAM(S):

AS AN ADMINISTRATIVE UNIT WITHIN THE DEPARTMENT OF INSTITUTIONS, THE DIVISION OF MENTAL HEALTH AND RESIDENTIAL SERVICES DOES NOT PROVIDE ANY DIRECT CLIENT PROGRAMS OR SERVICES. PRINCIPAL FUNCTIONS OF THE DIVISION ARE THE OVERALL PLANNING, BUDGETING, AND PROGRAM MONITORING OF STATE-OPERATED RESIDENTIAL FACILITIES FOR THE DEVELOPMENTALLY DISABLED (MONTANA DEVELOPMENTAL CENTER, EASTMONT HUMAN SERVICES CENTER), THE MENTALLY ILL (WARM SPRINGS, GALEN STATE HOSPITALS), EMOTIONALLY DISTURBED YOUTH (MONTANA YOUTH TREATMENT CENTER), PSYCHOGERIATRIC (CENTER FOR THE AGED), AND VETERANS (MONTANA VETERAN'S HOME). IN ADDITION, THE DIVISION CONTRACTS WITH THE FIVE REGIONAL COMMUNITY MENTAL HEALTH CENTERS TO PROVIDE COMMUNITY-BASED MENTAL HEALTH SERVICES.

SERVICES:

AS NOTED ABOVE, THE DIVISION CONTRACTS WITH THE FIVE REGIONAL COMMUNITY MENTAL HEALTH CENTERS. ALTHOUGH THEIR PRIMARY FUNCTION IS SERVICES TO THE EMOTIONALLY DISTURBED, THE CENTERS DO PROVIDE EVALUATION SERVICES TO DEVELOPMENTALLY DISABLED AS WELL AS COUNSELING AND THERAPY TO DEVELOPMENTALLY DISABLED PERSONS WITH ASSOCIATED EMOTIONAL PROBLEMS.

THIS DIRECTORY CONTAINS A DESCRIPTION OF THE FIRST FOUR REGIONAL MENTAL HEALTH CENTERS LISTED BELOW IN THE "PROGRAM/SERVICE DESCRIPTION" SECTION. IF YOU WOULD LIKE ADDITIONAL INFORMATION, PLEASE CONTACT THE CENTERS.

FRANK LANE, ADMINISTRATIVE DIRECTOR
EASTERN MONTANA COMMUNITY MENTAL HEALTH CENTER
1819 MAIN STREET
MILES CITY, MT 59301

DICK HRUSKA, ADMINISTRATIVE DIRECTOR
GOLDEN TRIANGLE COMMUNITY MENTAL HEALTH CENTER
P.O. BOX 3048
2307 11th AVENUE SOUTH
GREAT FALLS, MT 59403

STEVE MINCER, DIRECTOR
MENTAL HEALTH CENTER
1245 NORTH 29th STREET
BILLINGS, MT 59101

DAVID BRIGGS, EXECUTIVE DIRECTOR
SOUTHWEST MONTANA MENTAL HEALTH CENTER
AIRPORT WAY BUILDING WEST, SUITE A
1300 CEDAR STREET
BILLINGS, MT 59601

G. CLARK ANDERSON, ADMINISTRATIVE DIRECTOR
WESTERN MONTANA REGIONAL MENTAL HEALTH CENTER
T-12 FORT MISSOULA
MISSOULA, MT 59801

COMMENT:

SINCE THE DIVISION DOES NOT PROVIDE DIRECT SERVICES, ALL REQUESTS FOR ADMISSION SHOULD BE DIRECTED TO THE PARTICULAR AGENCY TO WHICH ADMISSION IS SOUGHT.

October 8, 1985

AGENCY: DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES, COMMUNITY SERVICES DIVISION

ADDRESS: 111 SANDERS
HELENA, MT 59601

PHONE: 444-3865

CONTACT: NORMA HARRIS
ADMINISTRATOR

SERVICES:

THE COMMUNITY SERVICES DIVISION OFFERS THE FOLLOWING SERVICES TO DEVELOPMENTALLY DISABLED PERSONS IN MONTANA (CONTACT THE STATE AGENCY TO FIND OUT WHO PROVIDES SERVICES IN YOUR AREA): CASE MANAGEMENT (FOR DEVELOPMENTALLY DISABLED PERSONS ONLY), INFORMATION AND REFERRAL SERVICES, DAY CARE FOR CHILDREN, FAMILY-CENTERED INTERVENTION, FOSTER CARE FOR ADULTS AND CHILDREN, PROTECTIVE SERVICES FOR ADULTS AND CHILDREN, LICENSING OF COMMUNITY HOMES FOR THE DEVELOPMENTALLY DISABLED, AND LEGAL SERVICES.

COMMENTS:

THE MONTANA DEFINITION OF DEVELOPMENTALLY DISABLED IS: "THOSE PERSONS WITH LEARNING DISABILITIES DUE TO MENTAL RETARDATION, CEREBRAL PALSY, EPILEPSY, AUTISM, OR ANY OTHER NEUROLOGICAL HANDICAPPING CONDITION CLOSELY RELATED TO MENTAL RETARDATION AND REQUIRING TREATMENT SIMILAR TO THAT REQUIRED BY MENTALLY RETARDED INDIVIDUALS IF THE DISABILITY ORIGINATED BEFORE THE PERSON ATTAINED AGE 18, HAS CONTINUED OR CAN BE EXPECTED TO CONTINUE INDEFINITELY, AND CONSTITUTES A SUBSTANTIAL HANDICAP OF THE PERSON."

SATELLITE LOCATIONS:

BILLINGS, BUTTE, GREAT FALLS, HELENA, KALISPELL, MILES CITY, MISSOULA.

October 31, 1985

AGENCY: DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES, DEVELOPMENTAL DISABILITIES

ADDRESS: 111 SANDERS
HELENA, MT 59601

PHONE: 444-2995

CONTACT: Dennis Taylor
ADMINISTRATOR

PROGRAMS:

THE DEVELOPMENTAL DISABILITIES DIVISION IS THE UNIT WITHIN THE STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES WHICH IS PRIMARILY RESPONSIBLE FOR PROVIDING COMMUNITY-BASED SERVICES TO DEVELOPMENTALLY DISABLED INDIVIDUALS.

GENERALLY, THE DIVISION DOES NOT PROVIDE DIRECT SERVICES TO CLIENTS. HOWEVER, THE DIVISION PROVIDES TWO EXCEPTIONS TO THIS. CASE MANAGEMENT FOR A SHORT TIME FOR PERSONS LEAVING THE INSTITUTION. THE DIVISION USES A PURCHASE OF SERVICE CONTRACT SYSTEM FOR THE PROVISION OF SERVICES THROUGH LOCAL NONPROFIT ORGANIZATIONS. THE DIVISION PROVIDES STAFF TRAINING TO THE DIRECT CARE STAFF OF THESE SERVICE PROGRAMS.

SERVICES:

1. ADULT HABILITATION DAY SERVICES: THE PURPOSE OF THE ADULT HABILITATION DAY SERVICES IS TO PROVIDE FUNCTIONAL TRAINING IN NONRESIDENTIAL SETTINGS WHICH IS BASED ON INDIVIDUAL HABILITATION PLANS. ADULT HABILITATION SERVICES INCLUDE TRAINING WHICH ADDRESSES BASIC LIFE SKILLS, PREVOCATIONAL SKILLS, WORK ACTIVITIES AND SHELTERED EMPLOYMENT SKILLS. TRAINING IS GENERALLY DIRECTED TOWARD SKILLS PREREQUISITE OR INTEGRAL TO VOCATIONAL ACTIVITIES. ADULT HABILITATION SERVICES DIRECT THEIR TRAINING ACTIVITIES TOWARD MOVEMENT OF INDIVIDUALS TO INCREASINGLY HIGHER LEVELS OF INDEPENDENCE. ADULT HABILITATION DAY SERVICES INCLUDE: DEVELOPMENTAL CENTERS, WORK ACTIVITY CENTERS, SHELTERED WORKSHOPS, AND SENIOR DAY PROGRAMS.

2. RESIDENTIAL SERVICES: THE PURPOSE OF RESIDENTIAL SERVICES IS TO PROVIDE A CONTINUUM OF LIVING ARRANGEMENTS TO MEET THE NEEDS OF INDIVIDUALS AND TO FACILITATE THEIR INTEGRATION INTO COMMUNITY LIFE WITH EACH INDIVIDUAL'S HEALTH, SAFETY, AND WELL-BEING INSURED IN EACH RESIDENTIAL SETTING. OPPORTUNITIES FOR SOCIALIZATION AND THE DEVELOPMENT OF LEISURE TIME SKILLS ARE ALSO AVAILABLE.

   THE PRIMARY GOAL OF RESIDENTIAL SERVICES IS THE PROVISION OF INSTRUCTION AND INTERVENTION IN ACCORDANCE WITH THE DEVELOPMENTAL MODEL AND THE PRINCIPAL OF NORMALIZATION. THE PROVISION OF SERVICE IS DIRECTED TOWARD MAXIMUM SKILL ACQUISITION IN ORDER TO INCREASE PERSONAL INDEPENDENCE.

   EACH PERSON'S INDIVIDUAL HABILITATION PLANNING TEAM PROVIDES THE GENERAL GOALS AND SPECIFIC OBJECTIVES TOWARD WHICH EACH RESIDENTIAL SERVICE DIRECTS ITS EFFORTS. THE INDIVIDUAL HABILITATION PLAN, BASED UPON THE RESULTS OF A FORMAL ASSESSMENT AND IDENTIFICATION OF INDIVIDUAL NEEDS, ALSO SPECIFIES THE APPROPRIATE RESIDENTIAL ALTERNATIVE IN WHICH SERVICES WILL BE PROVIDED.

EACH RESIDENTIAL SERVICE COORDINATES ITS SERVICE ACTIVITIES WITH THOSE OF OTHER SPECIALIZED SERVICES SUCH AS: DAY HABILITATION AND GENERIC COMMUNITY SERVICES. RESIDENTIAL SERVICES INCLUDE: CHILDREN'S GROUP HOMES, INTENSIVE TRAINING HOMES, ADULT GROUP HOMES, TRANSITIONAL LIVING SERVICES, AND INDEPENDENT LIVING TRAINING.

3. TRANSPORTATION SERVICES: TRANSPORTATION SERVICES ARE FOR THE CONVEYANCE OF DEVELOPMENTALLY DISABLED PERSONS FROM A RESIDENTIAL SETTING TO A WORK SETTING AND BACK, FROM A RESIDENTIAL OR WORK SETTING TO ANOTHER SITE IN WHICH THEY RECEIVE SERVICES SUCH AS MEDICAL, DENTAL, PHYSICAL THERAPY, OR LEISURE-TIME SERVICES.

4. FAMILY TRAINING AND SUPPORT SERVICES: THE PURPOSE OF FAMILY AND CHILDREN SERVICES IS TO PROVIDE TRAINING, INFORMATION, AND SUPPORT SERVICES TO FAMILIES TO ASSIST IN THE DEVELOPMENT AND CARE OF THEIR CHILD WHO IS DEVELOPMENTALLY DISABLED OR AT RISK. THESE SERVICES ARE COORDINATED WITH OTHER GENERIC AND SPECIALIZED COMMUNITY SERVICES. THE MAJOR GOAL OF FAMILY AND CHILDREN SERVICES IS TO ASSIST THE NATURAL OR FOSTER FAMILY IN MAXIMIZING THE DEVELOPMENTAL POTENTIAL OF THEIR CHILD AND TO MAINTAIN THEIR CHILD IN THE APPROPRIATE LEAST RESTRICTIVE ENVIRONMENT.

   WITHIN THIS AREA OF SERVICE, THE FOLLOWING TYPES OF SERVICES ARE PROVIDED TO ELIGIBLE CHILDREN AND THEIR FAMILIES BASED UPON THEIR NEEDS: FAMILY TRAINING (FAMILY FOCUSED), FAMILY TRAINING (CHILD FOCUSED), SHORT-TERM CLIENT TRAINING, LONG-TERM TRAINING, FAMILY RESOURCE AND SUPPORT, SERVICE COORDINATION, INFORMATION AND REFERRAL, AND RESPITE CARE.

5. EVALUATION AND DIAGNOSIS SERVICES: THE PURPOSE OF EVALUATION AND DIAGNOSIS SERVICES IS TO PROVIDE CLINICAL INTERDISCIPLINARY FUNCTIONS DESIGNED TO ASSESS THE LEVEL OF DEVELOPMENT IN TERMS OF CAPABILITY AS WELL AS DEFICIENCIES. THE MAJOR PURPOSE IS TO IDENTIFY AREAS OF NEEDED SERVICES AND PROGRAMS RELEVANT TO INDIVIDUAL'S CAPABILITIES AND DEFICIENCIES. EVALUATION AND DIAGNOSIS SERVICE COMPONENTS INCLUDE: INTAKE, EVALUATION, TREATMENT PLAN, CASE CONFERENCE, CASE COORDINATION, AND FOLLOW-ALONG.

COMMENTS:

FAMILY AND CHILDREN SERVICES ARE AVAILABLE STATE-WIDE WITH MAIN AND BRANCH OFFICES LOCATED THROUGHOUT THE STATE.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

ALL PERSONS WHO ARE DETERMINED DEVELOPMENTALLY DISABLED, AS DEFINED BY STATE LAW ARE ELIGIBLE FOR SERVICES. WITH THE EXCEPTION OF FAMILY TRAINING AND SUPPORT SERVICES, FOR WHICH THE CONTRACTOR DETERMINES ELIGIBILITY, ALL OTHER ELIGIBILITY FOR SERVICES IS DETERMINED THROUGH THE COUNTY SOCIAL SERVICES SYSTEM.

October 8, 1985

AGENCY: DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES, REHABILITATIVE SERVICES & VISUAL SERVICES DIVISIONS

ADDRESS: 111 SANDERS
HELENA, MT 59601

PHONE: 444-2590

CONTACT: W. R. DONALDSON
ADMINISTRATOR

REHABILITATIVE SERVICES DIVISION

THE REHABILITATIVE SERVICES DIVISION SUPPORTS REGIONAL OFFICES THAT PROVIDE THE FOLLOWING SERVICES (CONTACT THEM TO FIND OUT WHO PROVIDES SERVICES IN YOUR AREA): EVALUATION OF REHABILITATION POTENTIAL, COUNSELING, GUIDANCE, REFERRAL, PHYSICAL AND MENTAL RESTORATION SERVICES, VOCATIONAL AND OTHER TRAINING SERVICES, MAINTENANCE, TRANSPORTATION, SERVICES TO MEMBERS OF A HANDICAPPED INDIVIDUAL, INTERPRETER SERVICES FOR THE DEAF, READER SERVICES, REHABILITATION TEACHING SERVICES, ORIENTATION AND MOBILITY SERVICES FOR THE BLIND, TELECOMMUNICATIONS, SENSORY, TECHNOLOGICAL AIDS AND DEVICES, RECRUITMENT AND TRAINING SERVICES TO PROVIDE NEW EMPLOYMENT OPPORTUNITIES IN REHABILITATION, HEALTH, WELFARE, PUBLIC SAFETY, LAW ENFORCEMENT, OTHER APPROPRIATE PUBLIC SERVICES, EMPLOYMENT, PLACEMENT IN SUITABLE EMPLOYMENT, POST-EMPLOYMENT SERVICES NECESSARY TO ASSIST HANDICAPPED INDIVIDUALS TO MAINTAIN SUITABLE EMPLOYMENT, OCCUPATIONAL LICENSES, TOOLS, EQUIPMENT SUCH AS INITIAL STOCKS (INCLUDING LIVESTOCK) AND SUPPLIES, AND OTHER GOODS AND SERVICES THAT CAN REASONABLY BE EXPECTED TO BENEFIT HANDICAPPED INDIVIDUALS IN TERMS OF THEIR EMPLOYABILITY.

PROGRAMS:

THE FOLLOWING PROGRAMS ARE PROVIDED TO SUPPORT THE REGIONAL CENTERS:

1. REHABILITATIVE SERVICES BUREAU: FIELD BUREAU RESPONSIBLE FOR CASELOAD MANAGEMENT, ELIGIBILITY DETERMINATION, AND PURCHASE OF SERVICES.

2. SPECIAL PROJECTS BUREAU: STAFF BUREAU RESPONSIBLE FOR NEGOTIATING AND MONITORING GRANTS AND CONTRACTS, TECHNICAL ASSISTANCE, SPECIAL FUND MONITORING, PLANNING AND EVALUATION, AND STAFF DEVELOPMENT.

3. DISABILITY DETERMINATION BUREAU: STAFF BUREAU RESPONSIBLE FOR INITIATING SOCIAL SECURITY DISABILITY (SSDI) AND SUPPLEMENTAL SECURITY (SSI) INCOME CLAIMS ADJUDICATION, SSDI AND SSI DISABILITY INVESTIGATION, SSDI AND SSI CLAIMS RECONSIDERATION, AND QUALITY APPRAISAL.

VISUAL SERVICES DIVISION

SERVICES:

THE VISUAL SERVICES DIVISION PROVIDES VOCATIONAL REHABILITATION SERVICES TO THE BLIND AND VISUALLY IMPAIRED. OTHER SPECIFIC SERVICES PROVIDED ARE REHABILITATION TEACHING, ORIENTATION AND MOBILITY, BUSINESS ENTERPRISE, AND VISUAL SERVICES MEDICAL.

October 25, 1985

AGENCY: DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
TRAINING RESOURCE AND INFORMATION CENTER

ADDRESS: 25 SOUTH EWING, ROOM 200
HELENA, MT 59620

PHONE: 444-6830

CONTACT: MARLENE KENNEDY
LIBRARIAN

THE TRAINING RESOURCE AND INFORMATION CENTER (TRIC) IS A SPECIALIZED LIBRARY WITHIN THE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES. TRIC MEETS THE SPECIAL TRAINING NEEDS OF PEOPLE WHO DEAL WITH DEVELOPMENTALLY DISABLED INDIVIDUALS. OVER 4,000 BOOKS IN 71 DIFFERENT SUBJECT AREAS, 30 CURRENT JOURNAL SUBSCRIPTIONS, AND NUMEROUS AUDIO-VISUAL MATERIALS ARE ALL LOANED FREE OF CHARGE. THE PROFESSIONAL, PARAPROFESSIONAL, PARENT, AND GENERAL PUBLIC WILL FIND RESOURCES APPLICABLE TO THEIR NEEDS. IF YOU ARE A RESIDENT OF MONTANA, YOU ARE ELIGIBLE TO USE ALL MATERIALS AVAILABLE THROUGH TRIC.

FOR FURTHER INFORMATION, CATALOGS, AND REGISTRATION FORMS CONTACT TRIC AT THE ABOVE ADDRESS.

TRIC ALSO ORGANIZES THE MONTANA CONFERENCE ON DEVELOPMENTAL DISABILITIES. FOR INFORMATION ABOUT PRESENTING, PARTICIPATING, OR DISPLAYING CONTACT THEM AT THE ABOVE ADDRESS.

OCTOBER 8, 1985

AGENCY: DEVELOPMENTAL DISABILITIES
PLANNING AND ADVISORY COUNCIL,
STATE OF MONTANA

ADDRESS: 25 SOUTH EWING, ROOM 506
HELENA, MT 59620

PHONE: 444-6825

CONTACT: CLYDE MUIRHEID
EXECUTIVE
DIRECTOR

THE MONTANA DEVELOPMENTAL DISABILITIES PLANNING AND ADVISORY COUNCIL ADMINISTERS FEDERAL FUNDS, WHICH ARE PAID TO THE STATE OF MONTANA, TO CONTRIBUTE TOWARD STRENGTHENING SERVICES FOR DEVELOPMENTALLY DISABLED PERSONS THROUGH AGENCIES IN THE VARIOUS POLITICAL SUBDIVISIONS OF THE STATE.

THE COUNCIL PROVIDES A FORUM FOR CONSUMER AND PROFESSIONAL INVOLVEMENT IN POLICY AND PRIORITY DETERMINATIONS AND PROVIDES MEANS FOR EXPLORING ALL AVENUES REGARDING SERVICE PROVISION THROUGH STATE AND LOCAL, PRIVATE AND PUBLIC AGENCIES. THE COUNCIL SPECIFIES, IN WRITING, THE GOALS IT INTENDS TO ACCOMPLISH DURING EACH FISCAL YEAR AND REDEFINES ITS GOALS ON OR BEFORE OCTOBER 1 OF EVERY YEAR. IN CONJUNCTION WITH STATE AGENCIES SERVING THE DEVELOPMENTALLY DISABLED, THE COUNCIL DEVELOPS A STATE PLAN SETTING FORTH GOALS AND PRIORITY AREAS, WHICH COUNCIL-FUNDED PROJECTS AND SERVICES AND STATE AGENCY SERVICES ADDRESS DURING EACH YEAR. THE COUNCIL ALSO WORKS TO FOSTER AND FACILITATE THE INTEGRATED SERVICE PLANNING AND COORDINATING CAPACITIES OF ALL STATE DEVELOPMENTAL DISABILITY AGENCIES FOR PERIODS OF FOUR TO EIGHT YEARS IN ADVANCE OF EXISTING PROGRAMS.

THE DEVELOPMENTAL DISABILITIES PLANNING AND ADVISORY COUNCIL HAS THREE 3-YEAR GOALS EFFECTIVE FROM JANUARY 10, 1983 THROUGH SEPTEMBER 30, 1986. THEY ARE:

1. TO DEVELOP INNOVATIVE SERVICE CONCEPTS AND MODELS: TO DEMONSTRATE RESULTS AND ADVANCES AND TO ENCOURAGE LONG-RANGE PLANNING AND PROJECTIONS REGARDING THE FUTURE NEED OF AND RESULTS FROM THESE AND OTHER DEVELOPMENTAL DISABILITIES SERVICES.

2. TO FOSTER ACTIVITIES WHICH WILL MITIGATE THE EFFECTS OF HANDICAPPING CONDITIONS ON MONTANA CITIZENRY AND ENHANCE THE DELIVERY OF PUBLIC SERVICES.

3. TO TARGET RESEARCH ON THE MOVEMENT OF PERSONS WITH DEVELOPMENTAL DISABILITIES TOWARD GREATER INDEPENDENCE IN BOTH RESEARCH AND VOCATIONAL SETTINGS.

October 8, 1985

AGENCY: HEALTH SERVICES AND MEDICAL
FACILITIES DIVISION, HANDICAPPED
CHILDREN'S SERVICES

ADDRESS: ROOM C314, COGSWELL BUILDING
HELENA, MT 59601

PHONE: 444-4740

CONTACT: SHARON PETTIT, R.N.
PROGRAM MANAGER

AGES SERVED: BIRTH TO 18 YEARS.

PROGRAMS:

HANDICAPPED CHILDREN'S SERVICES OFFERS MULTIDISCIPLINARY EVALUATIONS THROUGH THE MONTANA CENTER FOR HANDICAPPED CHILDREN IN BILLINGS AND THE COMPREHENSIVE DEVELOPMENT CENTER IN MISSOULA. IN ADDITION, SPECIALTY CLINICS FOR CARDIAC, CLEFT LIP AND PALATE, NEUROLOGY, AND SCOLIOSIS ARE SUPPORTED BY THE HANDICAPPED CHILDREN'S SERVICES.

THE PROGRAM ASSISTS WITH COSTS RELATED TO CORRECTIVE SURGERIES AND HOSPITALIZATION, LIMITED THERAPIES, AND APPLIANCES.

SERVICES:

EARLY IDENTIFICATION OF HANDICAPPING CONDITIONS AND DIAGNOSTIC EVALUATIONS OF CONDITIONS. (MAY BE ARRANGED THROUGH A SPECIALTY CLINIC SETTING OR THROUGH A SINGLE SPECIALTY PROVIDER.)

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

ELIGIBILITY OF HCS ASSISTANCE IS DEPENDENT UPON THE FOLLOWING CRITERIA:

1. GROSS FAMILY INCOME AND FAMILY SIZE.

2. MEDICAL CONDITION.

3. UNDER AGE 18.

4. RECEIVING AUTHORIZATION FROM HCS BEFORE ANY CARE IS PROVIDED.

5. EMERGENCY CARE MUST BE REFERRED TO HCS WITHIN 72 HOURS AFTER SERVICES ARE BEGUN.

THE FAMILY GROSS INCOME MUST BE WITHIN 185 PERCENT OF POVERTY GUIDELINES AS ESTABLISHED BY THE CSA GUIDELINES, FEDERAL REGISTER, MAY 28, 1982.

ELIGIBILITY FOR PROGRAM SERVICES BEGINS FROM THE DATE THE REFERRAL IS RECEIVED BY HCS.

ELIGIBILITY FOR ASSISTANCE WITH THE COST OF AN INITIAL SPECIALTY EVALUATION IS DETERMINED BY UTILIZING GROSS INCOME, FAMILY SIZE, AND AGE. PAYMENT FOR SUBSEQUENT SPECIALTY EVALUATIONS IS DEPENDENT UPON INCOME, AGE, AND MEDICAL CONDITION.

FEES AND PAYMENT ASSISTANCE:

ALL MEDICAL SERVICES TO BE PAID BY HCS MUST BE PREAUTHORIZED BY THE PROGRAM SUPERVISOR OR THE BUREAU MEDICAL DIRECTOR. EMERGENCY NOTIFICATION OF CARE MUST BE CALLED INTO HCS WITHIN 72 HOURS OF THE TREATMENT. RECORD OF SUCH VERBAL AUTHORIZATION MUST BE INCLUDED IN THE PATIENT'S FILE. APPROPRIATE AUTHORIZATION FORMS MUST BE SENT TO THE HEALTH CARE PROVIDER.

ACCEPTANCE OF AN AUTHORIZATION BY THE PROVIDER CARRIES WITH IT AN AGREEMENT THAT HCS PAYMENT IS ACCEPTED IN FULL AND THE FAMILY IS NOT BILLED FOR ANY BALANCES. EXCEPTION TO THIS MAY BE DETERMINED AND AUTHORIZED BY HCS STAFF AND REQUIRES AGREEMENT BY THE FAMILY.

HCS HAS A MAXIMUM LIMIT OF $10,000 THAT MAY BE SPENT PER CHILD PER FISCAL YEAR. A FISCAL YEAR BEGINS JULY 1 AND ENDS THE FOLLOWING JUNE. WHEN THE $10,000 MAXIMUM IS AUTHORIZED FOR ONE PROCEDURE AND COSTS ARE EXPECTED TO EXCEED THIS LIMIT, THE FAMILY ASSUMES RESPONSIBILITY FOR THE BALANCES.

NO PAYMENT IS MADE BY HCS FOR UNAUTHORIZED SERVICES FOR ANY CARE RENDERED BEFORE THE REFERRAL DATE.

July 31, 1984

AGENCY: MONTANA SCHOOL FOR THE DEAF AND THE BLIND

ADDRESS: 3911 CENTRAL AVENUE
GREAT FALLS, MT 59401

PHONE: 453-1401

CONTACT: ROBERT J. DEMING
SUPERINTENDENT

AGES SERVED: BIRTH THROUGH 21 YEARS.

SERVICES:

THE MONTANA SCHOOL FOR THE DEAF AND THE BLIND OFFERS ITS STUDENTS THE SAME SUBJECTS THAT PUBLIC SCHOOLS DO, FULFILLING THE SAME BOARD OF PUBLIC EDUCATION REQUIREMENTS. ADDED EMPHASIS IS ON LANGUAGE DEVELOPMENT FOR THE HEARING IMPAIRED AND LIFE SKILLS FOR THE VISUALLY IMPAIRED.

BECAUSE CLASSES AT MONTANA SCHOOL FOR THE DEAF AND THE BLIND (MSDB) ARE SMALL, INDIVIDUALIZED INSTRUCTION IS POSSIBLE. IF ONE WAY OF PRESENTING MATERIAL DOESN'T WORK FOR A STUDENT, ANOTHER CAN BE USED.

ALL STUDENTS ATTEND CLASSES IN LANGUAGE, READING, MATHEMATICS, SCIENCE, SOCIAL STUDIES, ART, MUSIC, COMMUNICATION, HOME ECONOMICS, AND PHYSICAL EDUCATION. AS THEY BECOME READY, STUDENTS GO INTO THE PUBLIC SCHOOLS FOR A PORTION OF THEIR SCHOOL DAY.

COMMENTS:

MOST OF THE VISUALLY HANDICAPPED STUDENTS LEAVE READY TO ENTER JUNIOR HIGH SCHOOL IN THEIR HOME DISTRICTS. HEARING IMPAIRED STUDENTS, BECAUSE OF THEIR MORE DIFFICULT COMMUNICATION PROBLEM, USUALLY CONTINUE THEIR ACADEMIC CORE SUBJECTS AT MSDB, GOING INTO EAST JUNIOR HIGH SCHOOL OR GREAT FALLS HIGH SCHOOL FOR ELECTIVES.

HOW TO APPLY:

A CHILD STUDY TEAM DETERMINES WHERE AND HOW A SENSORY-IMPAIRED CHILD CAN RECEIVE THE BEST EDUCATION--IN THE HOME SCHOOL DISTRICT OR AT MSDB. THE TEAM'S EVALUATION USUALLY TAKES PLACE WITHIN SIX WEEKS AFTER THE CHILD IS CONSIDERED FOR ADMISSION.

PARENTS OF NEW STUDENTS, AS THE NUCLEUS OF THE TEAM, MIGHT MEET INITIALLY WITH ONE OF THE MSDB TRAVELLING RESOURCE CONSULTANTS OR THE PARENT-INFANT ADVISOR. PARENT AND CHILD THEN COME TO THE SCHOOL FOR THE CHILD'S ON-SITE EVALUATION. (A SPARE ROOM IN ONE OF THE COTTAGES IS AVAILABLE FOR PARENTS FOR A SHORT ORIENTATION PERIOD AS THE EVALUATION BEGINS.)

FOR THE NEXT FOUR TO SIX WEEKS, TEACHERS WORK WITH THE CHILD TO SEE HOW HE/SHE GETS ALONG SOCIALLY AND EDUCATIONALLY, AND TO DETERMINE EDUCATIONAL RECOMMENDATIONS. CLASSROOM TEACHERS EVALUATE THE CHILD'S PERFORMANCE AND SKILLS IN ACADEMIC SUBJECTS. THE SCHOOL PSYCHOLOGIST TESTS ACADEMIC ACHIEVEMENT, LANGUAGE, AND INTELLIGENCE. THE AUDIOLOGIST ASSESSES HEARING LOSS. A PHYSICAL THERAPIST DETERMINES THE KINDS OF HELP NEEDED FOR SPECIAL PHYSIOLOGICAL PROBLEMS AND OBTAINS A PRESCRIPTION IF THERAPY IS NECESSARY. A COUNSELOR AND HOUSE PARENT EVALUATE SOCIAL DEVELOPMENT IN THE COTTAGE ENVIRONMENT.

AFTER THE REPORTS ARE COMPLETED THE CHILD STUDY TEAM AND PARENTS MEET WITH A REPRESENTATIVE OF THE HOME DISTRICT. TOGETHER THEY DETERMINE IF MSDB IS THE PROPER SCHOOL FOR THE STUDENT AND (IF IT IS) DEVELOP AN INDIVIDUAL EDUCATION PROGRAM TO FIT THE CHILD'S ABILITIES AND NEEDS. EACH MEMBER OF THE TEAM (PARENTS INCLUDED) MUST SIGN THE PLAN OR FILE A MINORITY REPORT.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

ANY VISUALLY AND HEARING IMPAIRED CHILD IN MONTANA IS ELIGIBLE TO RECEIVE SERVICES.

FEES AND PAYMENT ASSISTANCE:

THERE IS NO CHARGE FOR ENROLLMENT OR FOR ROOM AND BOARD.

OCTOBER 25, 1985

AGENCY: MONTANA UNIVERSITY AFFILIATED PROGRAM SATELLITE

ADDRESS: UNIVERSITY OF MONTANA
MISSOULA, MT 59812

PHONE: 243-5467

CONTACT: RICHARD B. OFFNER
DIRECTOR

THE MONTANA UNIVERSITY AFFILIATED PROGRAM SATELLITE (MUAPS), LOCATED ON THE CAMPUS OF THE UNIVERSITY OF MONTANA IS ONE OF THE 49 UNIVERSITY AFFILIATED PROGRAMS IN THE COUNTRY WITH THE SHARED MISSION OF IMPROVING SERVICES FOR DEVELOPMENTALLY DISABLED PERSONS.

THE MAJOR GOAL OF THE MUAPS IS TO SUPPORT AND ENHANCE MONTANA'S SERVICE DELIVERY SYSTEM THROUGH PROGRAMS OF TRAINING, TECHNICAL ASSISTANCE, AND INFORMATION DISSEMINATION. IN IMPLEMENTING THESE PROGRAMS, THE MUAPS PARTICIPATES IN PLANNING ACTIVITIES WITH STATE AGENCIES AND SERVICE PROVIDERS, DEVELOPS A RANGE OF RESOURCES TO EXPAND SERVICES, AND COORDINATES PROFESSIONALS WITH EXPERTISE IN EDUCATION, PSYCHOLOGY, COMMUNICATION SCIENCES, AND ALLIED HEALTH SERVICES.

THE MUAPS PROMOTES AN INTERDISCIPLINARY APPROACH IN ALL ITS ACTIVITIES TO ENCOURAGE THE FULLEST DEVELOPMENT OF BOTH DEVELOPMENTALLY DISABLED PERSONS AND PROFESSIONALS.

CURRENTLY, THE MUAPS IS FUNDED BY GRANT AND CONTRACT AWARDS, WITH ADMINISTRATIVE AND PROGRAM FUNDING PROVIDED BY THE FEDERAL ADMINISTRATION ON DEVELOPMENTAL DISABILITIES.

AGES SERVED: NO AGE LIMIT.

SERVICES:

THE MONTANA PROGRAM FOR DEVELOPMENTAL DISABILITIES IS ORGANIZED INTO THREE PROGRAM AREAS AND COMMITTED TO CONDUCT ACTIVITIES ACROSS ALL AGE LEVELS, FROM PRESCHOOL THROUGH ADULT.

1. INTERDISCIPLINARY TRAINING PROGRAMS:
   - A. PREPARE INDIVIDUALS (E.G., PROFESSIONALS, PARAPROFESSIONALS, PARENTS, AND VOLUNTEERS) FOR WORK WITH DEVELOPMENTALLY DISABLED PERSONS.
   - B. PROVIDE WORKSHOP AND OTHER INSERVICE TRAINING OPPORTUNITIES FOR PERSONS PROVIDING SERVICE FOR THE DEVELOPMENTALLY DISABLED.
   - C. COORDINATE PROFESSIONAL DISCIPLINES ON THE UNIVERSITY OF MONTANA CAMPUS TO PROVIDE INTERDISCIPLINARY TRAINING AND EXPERIENCE FOR PROFESSIONALS, STUDENTS, AND FACULTY.
   - D. ASSESS STAFF TRAINING NEEDS AND DEVELOP STAFF TRAINING PLANS.
   - E. PROVIDE CONTINUING EDUCATION OPPORTUNITIES FOR ADMINISTRATORS OF COMMUNITY-BASED DEVELOPMENTAL DISABILITY AND HUMAN SERVICE PROGRAMS.
   - F. COORDINATE THE DEVELOPMENTAL DISABILITIES TECHNICIAN OPTION FOR PSYCHOLOGY MAJORS AT THE UNIVERSITY OF MONTANA.

2. INFORMATION DISSEMINATION PROGRAMS:
   A. PRODUCE AND DISSEMINATE PUBLIC INFORMATION MATERIALS ON PREVENTION OF DEVELOPMENTAL DISABILITIES AND BIRTH DEFECTS AND THE CAPACITY, LIMITATIONS, AND ECONOMICS OF SERVICES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES.
   B. PRODUCE OR OBTAIN PRODUCTS AND MATERIALS ON AND DISSEMINATE "STATE-OF-THE-ART" PRACTICES AND TECHNOLOGY TO AGENCIES, PROFESSIONALS, FAMILIES, AND OTHERS INVOLVED WITH DEVELOPMENTAL DISABILITIES.
   C. COSPONSOR AND ARRANGE FOR KEYNOTE PRESENTORS AT CONFERENCES TARGETING DEVELOPMENTAL DISABILITY SERVICE PROVIDERS.

3. TECHNICAL ASSISTANCE PROGRAMS:
   A. PROVIDE RESOURCE IDENTIFICATION AND DIRECTION SERVICES.
   B. PROVIDE TECHNICAL ASSISTANCE TO AGENCIES AND PROGRAMS SERVING DEVELOPMENTALLY DISABLED PERSONS.
   C. PROVIDE A CLEARINGHOUSE FOR ARRANGING TECHNICAL ASSISTANCE/CONSULTATION BY FACULTY AND STAFF OF THE MONTANA UNIVERSITY SYSTEM.
   D. PARTICIPATE ON COMMITTEES, COUNCILS, AND PLANNING MEETINGS TO FACILITATE COMMUNICATION AND COORDINATION OF SERVICES FOR DEVELOPMENTALLY DISABLED PERSONS IN MONTANA.

ASSOCIATED PROGRAMS:

IN ADDITION TO ITS PRIMARY MISSION OF PROVIDING TRAINING AND TECHNICAL ASSISTANCE AND INFORMATION DISSEMINATION, THE MUAPS SEEKS GRANTS OR CONTRACTS TO SUPPORT PROGRAMS OFFERING DIRECT SERVICES OR RESEARCH ON THE EDUCATION AND TREATMENT OF PERSONS WITH DEVELOPMENTAL DISABILITIES. THESE ASSOCIATED PROGRAMS INCLUDE THE MUAPS-OPERATED BIG SKY EARLY EDUCATION CENTER AND RESEARCH ON TOPICS SUCH AS EMPLOYMENT OF THE HANDICAPPED AND SOCIAL SKILLS DEVELOPMENT.

COMMENTS:

THE MUAPS OFFERS A VARIETY OF ADDITIONAL SERVICES INCLUDING (1) THE PARENT RESOURCE LIBRARY, A COLLECTION OF BOOKS AND PAMPHLETS THAT CAN BE CHECKED OUT ON TOPICS SUCH AS HANDICAPPING CONDITIONS, PARENTING, AND BEHAVIOR MANAGEMENT, AND (2) DIRECTION SERVICES FOR INDIVIDUALS INTERESTED IN OBTAINING INFORMATION ON THE LOCATION OF PROGRAMS AND SERVICES FOR SEVERELY HANDICAPPED PERSONS IN THE STATE.

July 31, 1984

AGENCY: OFFICE OF PUBLIC INSTRUCTION,
DEPARTMENT OF SPECIAL SERVICES

ADDRESS: 1300 ELEVENTH AVENUE
HELENA, MT 59620

PHONE: 444-3693

CONTACT: JUDITH A. JOHNSON
ASST. SUPERINTENDENT
DEPT. OF SPEC. SVCS.

THE DEPARTMENT OF SPECIAL SERVICES, WITHIN THE OFFICE OF PUBLIC INSTRUCTION, IS RESPONSIBLE FOR SUPERVISING AND COORDINATING SPECIAL EDUCATION WITHIN THE STATE.

ALL HANDICAPPED CHILDREN IN MONTANA ARE ENTITLED TO A FREE, APPROPRIATE PUBLIC EDUCATION PROVIDED IN THE LEAST RESTRICTIVE ALTERNATIVE SETTING. TO THE MAXIMUM EXTENT APPROPRIATE HANDICAPPED CHILDREN, INCLUDING CHILDREN IN PUBLIC OR PRIVATE INSTITUTIONS OR OTHER CARE FACILITIES, SHALL BE EDUCATED WITH CHILDREN WHO ARE NOT HANDICAPPED. SEPARATE SCHOOLING, OR OTHER REMOVAL OF HANDICAPPED CHILDREN FROM THE REGULAR EDUCATIONAL ENVIRONMENT, MAY OCCUR ONLY WHEN THE NATURE OR SEVERITY OF THE HANDICAP IS SUCH THAT EDUCATION IN REGULAR CLASSES, WITH THE USE OF SUPPLEMENTARY AIDS AND SERVICES, CANNOT BE ACHIEVED SATISFACTORILY.

AGES SERVED: PLEASE SEE COMMENTS SECTION.

DISABILITIES SERVED:

STATE LAWS IDENTIFY 11 TYPES OF HANDICAPPING CONDITIONS: DEAF, HARD-OF-HEARING, MENTALLY RETARDED, ORTHOPEDICALLY IMPAIRED, OTHER HEALTH IMPAIRED, SPECIFIC LEARNING DISABILITY, EMOTIONALLY/DISTURBED, SPEECH/LANGUAGE IMPAIRED, VISUALLY HANDICAPPED, DEAF-BLIND, AND MULTIHANDICAPPED.

SERVICES:

THE DEPARTMENT OF SPECIAL SERVICES SUPERVISES AND COORDINATES THE FOLLOWING TYPES OF SERVICE DELIVERY WITHIN LOCAL EDUCATION AGENCIES:

1. RESOURCE INSTRUCTION AND SERVICE: SPECIAL EDUCATION TEACHERS PROVIDE INSTRUCTION EITHER IN THE HANDICAPPED STUDENTS' CLASSROOMS OR IN SEPARATE RESOURCE ROOMS FOR A PORTION OF THE SCHOOL DAY. IN ADDITION TO PROVIDING INSTRUCTION, RESOURCE TEACHERS SERVE AS CONSULTANTS TO REGULAR CLASSROOM TEACHERS WHO HAVE HANDICAPPED STUDENTS.

2. SELF-CONTAINED CLASSROOMS: SPECIAL EDUCATION CLASSROOMS ARE PROVIDED FOR STUDENTS WHOSE HANDICAPPING CONDITIONS ARE TOO SEVERE TO ALLOW PLACEMENT IN REGULAR CLASSROOMS THAT HAVE RESOURCE INSTRUCTIONAL SUPPORT. SELF-CONTAINED SPECIAL EDUCATION CLASSROOMS GENERALLY HAVE FROM 4 TO 12 STUDENTS WITHIN A COMPATIBLE CHRONOLOGICAL AGE RANGE. AS LONG AS THE EDUCATIIONAL NEEDS OF EACH STUDENT ARE MET, A SINGLE CLASS MAY HAVE STUDENTS WITH A VARIETY OF HANDICAPPING CONDITIONS.

3. ITINERANT SERVICE: PERSONNEL ASSIGNED TO ONE OR MORE SCHOOLS PROVIDE SPECIFIC THERAPIES, AND/OR INSTRUCTION. THESE INCLUDE: SPEECH AND HEARING, PSYCHOLOGICAL, BEHAVIOR THERAPY, COUNSELLING, OCCUPATIONAL THERAPY, PHYSICAL THERAPY, ADAPTIVE PHYSICAL EDUCATION, RESOURCE/CONSULTANT INSTRUCTION, SOCIAL WORK, NURSING, VOCATIONAL EDUCATION, AND TEACHER AIDES.

COMMENTS:

INDIVIDUAL SCHOOL DISTRICTS AND/OR SPECIAL EDUCATION COOPERATIVES PROVIDE THE ABOVE SERVICES. SERVICE MAY BE PROVIDED TO HOMEBOUND AND/OR HOSPITALIZED STUDENTS. SCHOOL DISTRICTS OR COOPERATIVES MAY SERVE A HANDICAPPED STUDENT THROUGH CONTRACTED SERVICES. WHEN A SCHOOL DISTRICT OR COOPERATIVE IS UNABLE TO PROVIDE APPROPRIATE SERVICES, THEY MAY USE AN OUT-OF-DISTRICT PLACEMENT.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

MONTANA SCHOOL DISTRICTS ARE REQUIRED TO PROVIDE, OR ESTABLISH AND MAINTAIN SPECIAL EDUCATION PROGRAMS FOR HANDICAPPED PERSONS BETWEEN THE AGES OF 6 AND 18, INCLUSIVE, AS DEFINED BY STATE LAWS AND ADMINISTRATIVE RULES. PROGRAMS MAY BE ESTABLISHED FOR HANDICAPPED PERSONS BETWEEN THE AGES OF 0 AND 5 AND 19 AND 21.

FUNDING:

THE DEPARTMENT OF SPECIAL SERVICES PROVIDES FUNDING TO LOCAL SCHOOL DISTRICTS FOR SPECIAL EDUCATION PROGRAMS. THE MAJOR SOURCE OF THESE FUNDS IS FROM STATE LEGISLATURE APPROPRIATIONS. FEDERAL FUNDS, PROVIDED THROUGH THE HANDICAPPED ACT AS AMENDED BY PUBLIC LAW 94-142, ARE ALSO DISTRIBUTED TO LOCAL SCHOOL DISTRICTS. MANY LOCAL SCHOOL DISTRICTS ALSO CONTRIBUTE LOCAL FUNDS FOR SPECIAL EDUCATION SUPPORT.

October 8, 1985

AGENCY: OFFICE OF PUBLIC INSTRUCTION,
DEPARTMENT OF VOCATIONAL
EDUCATION SERVICES

ADDRESS: 1300 ELEVENTH AVENUE
HELENA, MT 59601

PHONE: 444-2410

CONTACT: GENE CHRISTIAANSEN
ASSISTANT
SUPERINTENDENT

SERVING THE DISADVANTAGED AND HANDICAPPED IN A COORDINATED AND COOPERATIVE EFFORT WITHIN REGULAR VOCATIONAL PROGRAMS AND IN SPECIAL NEEDS HAS BEEN A PRIORITY FOR THE STATE. THE MONTANA OFFICE OF PUBLIC INSTRUCTION, DEPARTMENT OF VOCATIONAL EDUCATION SERVICES PERSONNEL, THROUGH EVALUATION, SEMINARS, CONFERENCES, WORKSHOPS, PROGRAM/CURRICULUM DEVELOPMENT, AND PLACEMENT ENCOURAGES ALL VOCATIONAL EDUCATORS TO MEET THE SPECIAL NEEDS OF THE POPULACE THROUGH JUSTIFIABLE MEANS CONSISTENT WITH STATE AND FEDERAL REGULATIONS.

THE DEPARTMENT USES FEDERAL, STATE, AND LOCAL FINANCIAL RESOURCES TO ASSIST POPULATIONS THROUGH SERVICES PROVIDED BY SCHOOLS, AGENCIES, ETC.

October 8, 1985

AGENCY: OFFICE OF PUBLIC INSTRUCTION,
SEVERELY MULTIHANDICAPPED
DEAF/BLIND PROGRAM

ADDRESS: 1300 ELEVENTH AVENUE
HELENA, MT 59601

PHONE: 444-4426

CONTACT: JUNE MILLER
DEAF/BLIND
SPECIALIST,
TITLE VI-C
PROJECT DIRECTOR

THE MULTIHANDICAPPED DEAF/BLIND PROGRAM OPERATES WITHIN THE DEPARTMENT OF SPECIAL SERVICES, OFFICE OF PUBLIC INSTRUCTION. THE PROGRAM PROVIDES TECHNICAL ASSISTANCE, WORKSHOPS, AND TRAINING FOR AGENCIES, TEACHERS, AND OTHERS WHO WORK WITH DEAF/BLIND CHILDREN.

SERVICES:

THE PROGRAM:

1. PROVIDES TECHNICAL ASSISTANCE TO SCHOOLS, LOCAL SERVICE AGENCIES, AND FAMILIES OF DEAF/BLIND CHILDREN.

2. PROVIDES WORKSHOPS FOR TEACHERS, TEACHERS AIDES, AND SUPPORT STAFF WHO WORK WITH DEAF/BLIND CHILDREN IN LOCAL EDUCATION AGENCY PROGRAMS.

3. PROVIDES TRAINING TO EMPLOYEES OF PARTICIPATING AGENCIES THAT ARE ENGAGED IN OR RESPONSIBLE FOR PROVIDING SERVICES TO DEAF/BLIND CHILDREN AND THEIR FAMILIES.

4. DEVELOPS AND DISSEMINATES MATERIALS AND INFORMATION TO ASSIST PROFESSIONAL AND ALLIED PERSONNEL ENGAGED IN PROGRAMS DESIGNED FOR DEAF/BLIND CHILDREN.

5. COORDINATES SERVICES AMONG LOCAL AGENCIES TO PROVIDE A CONTINUITY AND CONTINUUM OF SERVICES FOR DEAF/BLIND CHILDREN AND YOUNG ADULTS.

6. PROVIDES CONSULTATIVE SERVICES TO THOSE PERSONS DIRECTLY INVOLVED IN THE LIVES OF DEAF/BLIND CHILDREN.

October 8, 1985

AGENCY: USDA FOREST SERVICE,
RECREATION MANAGEMENT,
NORTHERN REGION

ADDRESS: P.O. BOX 7669
MISSOULA, MT 59807

PHONE: 329-3654

CONTACT: RONALD RHOADS

AGES SERVED: NO AGE LIMIT.

SERVICES:

THE FOREST SERVICE PROVIDES RECREATION AND TRAIL FACILITIES ACCESSIBLE TO WHEELCHAIRS (CONTACT THEM TO FIND OUT THOSE AREAS THAT ARE ACCESSIBLE). THEY ALSO HAVE A GOLDEN ACCESS PASSPORT FREE LIFETIME ENTRANCE PERMIT TO NATIONAL PARKS, MONUMENTS, AND RECREATION AREAS ADMINISTERED BY THE FEDERAL GOVERNMENT. THE PASSPORT ALSO PROVIDES A 50 PERCENT DISCOUNT ON FEDERAL USE FEES CHARGED FOR FACILITIES AND SERVICES (E.G., CAMPING, BOAT LAUNCHING, PARKING, ETC.).

HOW TO APPLY:

APPLY IN PERSON AT FEDERALLY-OPERATED RECREATION AREAS THAT CHARGE ENTRANCE FEES.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

ONLY CITIZENS OR PERMANENT UNITED STATES RESIDENTS THAT ARE MEDICALLY DETERMINED AS BLIND OR PERMANENTLY DISABLED AND AS A RESULT CAN RECEIVE FEDERAL BENEFITS ARE ELIGIBLE TO OBTAIN A GOLDEN ACCESS PASSPORT.

SERVICE/PROGRAM DESCRIPTIONS

October 31, 1985

AGENCY: *ACTIVITIES UNLIMITED

ADDRESS: P. O. BOX 324
HELENA, MT 59624

PHONE: 888-5539

CONTACT: BOB JORDAN
EXECUTIVE DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: 14 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, BLIND**, LEARNING DISABLED**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, SEVERE/PROFOUND MENTALLY RETARDED.

PROGRAM(S) OFFERED:

RECREATION.

SERVICE(S) TYPICALLY AVAILABLE:

RECREATION THERAPY, SELF-HELP TRAINING, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, CONSULTATION/TA.

COMMENTS ON PROGRAMS/SERVICES:

THE CAMP, HELD AT SALMON LAKE, OFFERS CANOEING AND SCENIC AND WHITEWATER RAFTING. CAMP IS ROUTINELY HELD THE LAST WEEK IN AUGUST. CAMP STAFF WILL PROVIDE ASSISTANCE WITH MAINTENANCE OF TRAINING PROGRAMS, HOWEVER, THE EMPHASIS OF THE CAMP IS RECREATION AND LEISURE. TRANSPORTATION IS PROVIDED FROM HELENA TO THE CAMPSITE AND BACK. OTHER PROGRAMS INCLUDE ALPINE AND CROSS COUNTRY SKIING, SCENIC AND WHITEWATER RAFTING, AND CONSULTATION FOR MENTAL HEALTH PROGRAMS, DD PROGRAMS, AND NURSING HOMES.

HOW TO APPLY:

(1) WRITE FOR AN APPLICATION AND BROCHURE; (2) COMPLETE APPLICATION AND RETURN IT.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) SOME SELF-HELP SKILLS ARE PREFERRED--PRIMARILY CONTROL OF BODILY FUNCTIONS; (2) APPLICANTS ARE REVIEWED ON AN INDIVIDUAL BASIS AND PERSONS WITH SEVERE DISABILITIES MAY BE REQUIRED TO PROVIDE ATTENDANT CARE.

EXIT OR GRADUATION CRITERIA:

(1) THERE ARE NO EXIT REQUIREMENTS.

October 31, 1985

AGENCY: *ANACONDA SCHOOLS SPECIAL EDUCATION

ADDRESS: BOX 1281
ANACONDA, MONTANA 59711

PHONE: 563-5101

CONTACT: WILLIAM HICKEY
SPECIAL EDUCATION
DIRECTOR

AGENCY TYPE: PUBLIC SCHOOL

COUNTY(IES) SERVED:

DEER LODGE.

AGES SERVED: 5 THROUGH 18 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DAY TREATMENT, DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, PUBLIC HEALTH, SHELTERED WORKSHOP, SOCIAL SERVICE/WELFARE, TRANSPORTATION, VOCATIONAL REHABILITATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--PRESCHOOL, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, PHYSICAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, FAMILY THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PARENT TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, PARENT COUNSELING, CLIENT COUNSELING/PSYCHOTHERAPY, ADAPTIVE EQUIPMENT, TRANSPORTATION, SEX EDUCATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, ADVOCACY.

HOW TO APPLY:

(1) REFERRAL OR DIRECT CONTACT.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) ELIGIBILITY DETERMINED THROUGH OPI RULES AND REGULATIONS; (2) MUST BE A COUNTY RESIDENT; (3) 5 - 18 YEARS OF AGE.

EXIT OR GRADUATION CRITERIA:

(1) CHILD STUDY TEAM DETERMINATION.

October 31, 1985

AGENCY: *ANACONDA WORK ACTIVITIES REACHING TOWARD EMPLOYMENT (AWARE)

ADDRESS: 1200 EAST PARK
ANACONDA, MONTANA 59711

PHONE: 563-5229

CONTACT: BRIAN LANG
EXECUTIVE DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

DEER LODGE.

AGES SERVED: 15 YEARS AND OLDER.

DISABILITY(IES) SERVED:

SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED, NEUROLOGICALLY IMPAIRED, LEARNING DISABLED, SEVERE BEHAVIOR PROBLEMS, AUTISTIC-LIKE, MILD SPEECH/LANGUAGE IMPAIRED, PHYSICALLY IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

DAY TREATMENT, EDUCATION--CLASSROOM, GROUP HOME, RECREATION, RESIDENTIAL FACILITY, TRANSPORTATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, SEX EDUCATION, CONSULTATION/TA, HOME AND COMMUNITY LIFE SKILLS TRAINING.

HOW TO APPLY:

REFERRAL FROM DD, COMMUNITY SERVICE AGENCY, OR SCHOOL DISTRICT.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) REFERRAL SYSTEM; (2) DDD SCREENING.

EXIT OR GRADUATION CRITERIA:

SUCCESS WHILE COMPETITIVELY EMPLOYED.

October 31, 1985

AGENCY: *ARROW MEDICAL SERVICES

ADDRESS: 1200 BURLINGTON
MISSOULA, MONTANA 59801

PHONE: 549-2321

CONTACT: CASEY RANDOLPH
PRESIDENT

AGENCY TYPE: PRIVATE/FOR PROFIT

COUNTY(IES) SERVED:

MISSOULA.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED, MODERATE MENTALLY RETARDED, MILD MENTALLY RETARDED, DEVELOPMENTALLY DELAYED, NEUROLOGICALLY IMPAIRED, DEAF AND BLIND, BLIND, DEAF, LEARNING DISABLED, SEVERE BEHAVIOR PROBLEMS, AUTISTIC-LIKE, NONAMBULATORY, SEVERE SPEECH/LANGUAGE IMPAIRED, PHYSICALLY IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

TRANSPORTATION.

COMMENTS ON PROGRAMS/SERVICES:

THE PROGRAM PROVIDES "SPECIALIZED TRANSPORTATION" OR "MOBILE CHAIR" SERVICE. TO SCHEDULE A RIDE, CALL 721-2848 24-HOURS AHEAD OF TIME BETWEEN 10:00 A.M. AND 2:00 P.M. THEY PROVIDE RIDES FROM 8:00 A.M. TO 3:30 P.M.

HOW TO APPLY:

CONTACT THE PROGRAM DIRECTOR AT 721-2848.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) DOCTOR VERIFIES NEED FOR SERVICES.

EXIT OR GRADUATION CRITERIA:

(1) DOCTOR VERIFIES SERVICES NO LONGER NEEDED.

October 31, 1985

AGENCY: *ASMSU DAYCARE

ADDRESS: 10 WEST YELLOWSTONE
BOZEMAN, MONTANA 59715

PHONE: 994-4370

CONTACT: JEANNE EGGERT
DIRECTOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

GALLATIN.

AGES SERVED: 3 THROUGH 5 YEARS.

DISABILITY(IES) SERVED:

MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DAY CARE, EDUCATION--CLASSROOM, RECREATION.

SERVICE(S) TYPICALLY AVAILABLE:

VISUAL ASSESSMENT, HEARING ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT TRAINING, SOCIAL/RECREATION ACTIVITIES, DAY CARE.

HOW TO APPLY:

(1) APPLICATION FORMS.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) AT LEAST ONE PARENT IN SCHOOL AT MONTANA STATE UINIVERSITY; (2) AGES 2 1/2 - 6 YEARS.

EXIT OR GRADUATION CRITERIA:

(1) PARENT LEAVES SCHOOL; (2) CHILD REACHES AGE 6.

October 31, 1985

AGENCY: *ASUM CHILDREN'S LEARNING CENTER

ADDRESS: MC GILL HALL, ROOM 001
MISSOULA, MONTANA 59812

PHONE: 243-2542

CONTACT: MARCI MAYES
PROGRAM DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

MISSOULA, RAVALLI.

AGES SERVED: 3 THROUGH 5 YEARS.

DISABILITY(IES) SERVED:

MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, LEARNING DISABLED**, MILD SPEECH/LANGUAGE IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DAY CARE, EDUCATION--CLASSROOM.

SERVICE(S) TYPICALLY AVAILABLE:

ACADEMIC INSTRUCTION, SELF-HELP TRAINING, DAY CARE, REFERRAL/FOLLOW-UP SERVICES.

HOW TO APPLY:

CONTACT PROGRAM DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) PARENT-TEACHER MEETING; (2) FIRST COME SERVED BASIS; (3) PARENT IS UNIVERSITY STUDENT; (4) 3 - 5 YEARS & POTTY TRAINED.

EXIT OR GRADUATION CRITERIA:

EXITED UPON REACHING 6 YEARS OF AGE OR BY PARENT/TEACHER AGREEMENT.

FEES AND PAYMENT ASSISTANCE:

ASUM CHILD CHARE CHARGES $7.90 PER DAY.

OCTOBER 31, 1985

AGENCY: AUDIOLOGICAL SERVICES

BY COUNTY(IES) SERVED:	PHONE:
YELLOWSTONE COUNTY:	
BILLINGS SCHOOL DISTRICT #2	252-3927 (EASTER SEAL:252-9600)
YELLOWSTONE COUNTY EASTER SEAL	252-9600
CARBON, STILLWATER, TREASURE, BIGHORN, SWEETGRASS, ROSEBUD, CUSTER, POWDER RIVER, GARFIELD COUNTIES:	
ROCKY MOUNTAIN HEARING	245-6839
LINCOLN, FLATHEAD, LAKE COUNTIES:	
KALISPELL PUBLIC SCHOOLS	755-5300
GALLATIN, PARK, MADISON COUNTIES:	
BOZEMAN EASTER SEAL	586-2960
SILVER BOW, DEER LODGE, POWELL, GRANITE, BEAVERHEAD COUNTIES:	
COMPREHENSIVE HEARING SERVICES	443-6361
GLACIER, TOOLE, PONDERA, TETON COUNTIES:	
CONRAD EASTER SEAL	278-7558
CASCADE COUNTY:	
GREAT FALLS SCHOOL DISTRICT	791-2270
LIBERTY, HILL, BLAINE, CHOTEAU COUNTIES:	
HAVRE EASTER SEAL	265-6151
FERGUS, PETROLEUM, JUDITH BASIN, WHEATLAND, GOLDEN VALLEY, MUSSELSHELL COUNTIES:	
LEWISTOWN EASTER SEAL	538-8448
PHILLIPS, VALLEY, DANIELS, SHERIDAN, ROOSEVELT COUNTIES:	
GLASGOW EASTER SEAL	228-2281
MISSOULA, MINERAL, SANDERS, RAVALLI COUNTIES:	
TRI-RIVERS AUDIOLOGY COOPERATIVE	301 ALDER, MISSOULA, MT.
DAWSON, RICHLAND, McCONE, WIBAUX, PRAIRIE, FALLON, CARTER COUNTIES:	
SOUTHEASTERN HEARING CONSERVATION PROGRAM--GLENDIVE	

October 31, 1985

AGENCY: *BAKER SPECIAL EDUCATION COOPERATIVE

ADDRESS: BOX 659
BAKER, MONTANA 59313

PHONE: 778-3574

CONTACT: JAMES STANTON
DIRECTOR

AGENCY TYPE: SPECIAL EDUCATION COOPERATIVE

COUNTY(IES) SERVED:

CARTER, FALLON, WIBAUX.

AGES SERVED: BIRTH THROUGH 21 YEARS.

DISABILITY(IES) SERVED:

MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, NONAMBULATORY**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, NEUROLOGICALLY IMPAIRED.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, PUBLIC HEALTH.

SERVICE(S) TYPICALLY AVAILABLE:

SPEECH/LANGUAGE ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, ACADEMIC ASSESSMENT, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA.

HOW TO APPLY:

(1) CONTACT SCHOOL DISTRICT.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) PUBLIC LAW 94-142; (3) CHILD STUDY TEAM PLACEMENT.

EXIT OR GRADUATION CRITERIA:

(1) CHILD STUDY DETERMINATION.

October 31, 1985

AGENCY: *BEAR PAW LEARNING RESOURCE CENTER

ADDRESS: P.O. 1059
CHINOOK, MONTANA 59523

PHONE: 357-2269

CONTACT: MIKE FERRELL
DIRECTOR

AGENCY TYPE: SPECIAL EDUCATION COOPERATIVE

COUNTY(IES) SERVED:

BLAINE, HILL, LIBERTY, PHILLIPS.

AGES SERVED: 4 THROUGH 21 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, MENTAL HEALTH, TRANSPORTATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, PHYSICAL THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, PARENT COUNSELING, CLIENT COUNSELING/PSYCHOTHERAPY, TRANSPORTATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, ADVOCACY, PROTECTIVE/LEGAL SERVICES, OUTREACH SERVICES.

HOW TO APPLY:

REFERRAL BY ADULT OR STUDENT.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) PUBLIC LAW 94-142; (3) CHILD STUDY TEAM PLACEMENT.

EXIT OR GRADUATION CRITERIA:

(1) CHILD MEETS IEP GOALS AND OBJECTIVES; (2) CHILD STUDY TEAM DECISION.

FEES AND PAYMENT ASSISTANCE:

NONMEMBERS, PRIVATE PRESCHOOLS, AND SCHOOLS ARE CHARGED A $2,000 ANNUAL FEE. TALK TO THEM ABOUT AVAILABLE GRANTS-IN-AID THAT MAY HELP DEFRAY COSTS.

October 31, 1985

AGENCY: *BELGRADE SCHOOLS/SPECIAL EDUCATION

ADDRESS: BOX 166
BELGRADE, MONTANA 59714

PHONE: 388-1309

CONTACT: JACK PARKER
SPECIAL EDUCATION
DIRECTOR

AGENCY TYPE: PUBLIC SCHOOL

COUNTY(IES) SERVED:

GALLATIN.

AGES SERVED: 3 THROUGH 19 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, MENTAL HEALTH, PUBLIC HEALTH.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--PRESCHOOL, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, FAMILY THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, SEX EDUCATION, REFERRAL/FOLLOW-UP SERVICES.

HOW TO APPLY:

(1) REGISTER FOR SCHOOL; (2) REFERRAL.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) 3 THROUGH 29 YEARS OF AGE; (2) DETERMINED THROUGH OPE RULES AND REGULATIONS."

EXIT OR GRADUATION CRITERIA:

(1) AGE 19 YEARS.

October 31, 1985

AGENCY: *BIG BEAR RESOURCES

ADDRESS: 500 EAST ALDER
MISSOULA, MONTANA 59802

PHONE: 728-0441

CONTACT: DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

MISSOULA.

AGES SERVED: 18 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, NEUROLOGICALLY IMPAIRED**, AUTISTIC-LIKE**, NONAMBULATORY**, PHYSICALLY IMPAIRED**, DEVELOPMENTALLY DELAYED, DEAF AND BLIND, BLIND, DEAF, SEVERE BEHAVIOR PROBLEMS, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

GROUP HOME, INDEPENDENT/TRANSITIONAL LIVING, TRANSPORTATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

ACADEMIC ASSESSMENT, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, SEX EDUCATION, INDEPENDENT/TRANSITIONAL LIVING SUPERVISION.

HOW TO APPLY:

(1) CONTACT THE CHAIRMAN OF THE NEEDS ASSESSMENT COMMITTEE.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) DD; (2) SEVERELY PHYSICALLY DISABLED; OR (3) MEDICAID WAIVER ELIGIBLE.

EXIT OR GRADUATION CRITERIA:

EACH PROGRAM HAS ITS OWN EXIT CRITERIA.

FEES AND PAYMENT ASSISTANCE:

BIG BEAR RESOURCES CHARGES THOSE CLIENTS WHO ARE NOT DEVELOPMENTALLY DISABLED OR MEDICAID-WAIVER ELIGIBLE.

October 31, 1985

AGENCY: *BIG COUNTRY EDUCATIONAL COOPERATIVE

ADDRESS: 1604 MAIN
MILES CITY, MT 59301

PHONE: 232-1957

CONTACT: MIKE KINNE
SPECIAL EDUCATION DIRECTOR

AGENCY TYPE: SPECIAL EDUCATION COOPERATIVE

COUNTY(IES) SERVED:

CUSTER, GARFIELD, ROSEBUD.

AGES SERVED: 3 THROUGH 21 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--PRESCHOOL, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, PARENT COUNSELING, CLIENT COUNSELING/PSYCHOTHERAPY, ADAPTIVE EQUIPMENT, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA.

COMMENTS ON PROGRAMS/SERVICES:

EXCEPTIONS TO THE ABOVE AGE LIMIT MAY BE MADE FOR STUDENTS YOUNGER THAN 3 OR OLDER THAN 21.

HOW TO APPLY:

REFERRAL BASIS.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) CHILD STUDY TEAM PLACEMENT; (3) PUBLIC LAW 94-142.

October 31, 1985

AGENCY: *BIG HORN COUNTY MEMORIAL HOSPITAL
AND NURSING HOME

ADDRESS: 17 NORTH MILES
HARDIN, MONTANA 59034

PHONE: 665-2310

CONTACT: MICHAEL SINCLAIR
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DAY CARE, DIAGNOSTIC/EVALUATION, RESIDENTIAL FACILITY.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, MEDICAL ASSESSMENT, DENTAL ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, PHYSICAL THERAPY, SELF-HELP TRAINING, DAY CARE, REFERRAL/FOLLOW-UP SERVICES, SPECIALIZED DIETARY/NUTRITIONAL SERVICES.

HOW TO APPLY:

CONTACT ADMINISTRATOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

IN ORDER TO BE ELIGIBLE, A CLIENT MUST BE REFERRED BY A PHYSICIAN.

EXIT OR GRADUATION CRITERIA:

DISCHARGE PLANNING.

October 31, 1985

AGENCY: *BIG HORN COUNTY SPECIAL EDUCATION COOPERATIVE

ADDRESS: 522 NORTH CENTER
HARDIN, MONTANA 59034

PHONE: 665-1304

CONTACT: STEVE SMITH
SPECIAL EDUCATION
COORDINATOR

AGENCY TYPE: SPECIAL EDUCATION COOPERATIVE

COUNTY(IES) SERVED:

BIG HORN.

AGES SERVED: 18 MONTHS THROUGH 20 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, DEVELOPMENTALLY DELAYED, MILD SPEECH/LANGUAGE IMPAIRED.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, INDEPENDENT/SEMI-INDEPENDENT LIVING, INDEPENDENT/TRANSITIONAL LIVING, MENTAL HEALTH, PUBLIC HEALTH, RECREATION, TRANSPORTATION, VOCATIONAL REHABILITATION, WORK ACTIVITIES, YOUTH EMPLOYMENT.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, SEX EDUCATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION, ADVOCACY, CLIENT COUNSELING, REFERRAL, HOME AND COMMUNITY LIFE SKILLS TRAINING, FOLLOW-ALONG.

HOW TO APPLY:

APPLY ON A REFERRAL BASIS TO TEACHER OR PRINCIPAL.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) CHILD STUDY TEAM; (2) 18 MONTHS THRU 20 YEARS OF AGE; (3) DIAGNOSTIC WORKUP; (4) MEET STATE-FEDERAL CRITERIA FOR HANDICAPPED.

EXIT OR GRADUATION CRITERIA:

EXITED WHEN DETERMINED THAT GOALS AND OBJECTIVES ARE MET AT CHILD STUDY TEAM MEETINGS OR DURING ANNUAL REVIEW OR WHEN SUPPORT SERVICES ARE NO LONGER NEEDED.

October 31, 1985

AGENCY: *BIG SANDY ACTIVITIES

ADDRESS: BOX 7
BIG SANDY, MONTANA 59520

PHONE: 378-2598

CONTACT: CONNIE GREEN
DIRECTOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

CHOTEAU.

AGES SERVED: 21 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, EMOTIONALLY DISTURBED, NEUROLOGICALLY IMPAIRED, DEAF AND BLIND, BLIND, DEAF, LEARNING DISABLED, NONAMBULATORY, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, PHYSICALLY IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

DAY CARE, DAY TREATMENT, EDUCATION--CLASSROOM, INDEPENDENT/SEMI-INDEPENDENT LIVING, INDEPENDENT/TRANSITIONAL LIVING, RECREATION, TRANSPORTATION, VOCATIONAL REHABILITATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, RECREATION THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, SEX EDUCATION, DAY CARE, CASE MANAGEMENT, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION, ADVOCACY, PROTECTIVE/LEGAL SERVICES, REFERRAL, LIBRARY, SPECIALLY CONSTRUCTED CLOTHING, RESIDENTIAL ASSESSMENT, HOME AND COMMUNITY LIFE SKILLS TRAINING.

HOW TO APPLY:

(1) CONTACT PROGRAM DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

SRS/DDD SCREENING.

EXIT OR GRADUATION CRITERIA:

(1) PLACEMENT IN A GROUP HOME; (2) CLIENT BECOMES ILL AND CAN'T FUNCTION WITHIN THE PROGRAM.

October 31, 1985

AGENCY: *BIG SKY EARLY EDUCATION CENTER
(BIG SKY PRESCHOOL)

ADDRESS: UNIVERSITY CENTER
MISSOULA, MONTANA 59812

PHONE: 243-5467

CONTACT: VICKI ANDRE
DIRECTOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

MISSOULA.

AGES SERVED: 3 THROUGH 5 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED, MODERATE MENTALLY RETARDED, MILD MENTALLY RETARDED, DEVELOPMENTALLY DELAYED, EMOTIONALLY DISTURBED, NEUROLOGICALLY IMPAIRED, DEAF AND BLIND, BLIND, DEAF, LEARNING DISABLED, SEVERE BEHAVIOR PROBLEMS, AUTISTIC-LIKE, NONAMBULATORY, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, PHYSICALLY IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

EDUCATION--CLASSROOM.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--PRESCHOOL, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, SPEECH/LANGUAGE THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT TRAINING.

COMMENTS ON PROGRAMS/SERVICES:

IN ADDITION TO THE ABOVE SERVICES, THE PRESCHOOL PROGRAM INCORPORATES CONSULTATIVE SERVICES FROM A PHYSICAL THERAPIST. THE PROGRAM ALSO HAS AN ENROLLMENT OF 20 PERCENT NONHANDICAPPED MODELS.

HOW TO APPLY:

CALL VICKI ANDRE, DIRECTOR. A CLIENT WOULD BE ASKED TO PROVIDE ANY DIAGNOSTIC INFORMATION AVAILABLE AS WELL AS VISIT THE PRESCHOOL.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

THE CHILD MUST BE BETWEEN 3 AND 5, HANDICAPPED, AND LIVE IN MISSOULA SCHOOL DISTRICT 1.

EXIT OR GRADUATION CRITERIA:

WHEN ELIGIBLE FOR PUBLIC SCHOOL SERVICES OR IF PRESCHOOL IS NO LONGER ABLE TO PROVIDE THE CHILD WITH THE SERVICES HE/SHE NEEDS.

October 31, 1985

AGENCY: *BIG SKY SPECIAL EDUCATION COOPERATIVE

ADDRESS: 215 SOUTH MARYLAND
CONRAD, MONTANA 59425

PHONE: 278-7558

CONTACT: MIKE IKARD
SPECIAL EDUCATION
DIRECTOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

GLACIER, LEWIS & CLARK, PONDERA, TETON, TOOLE.

AGES SERVED: 3 THROUGH 18 YEARS.

DISABILITY(IES) SERVED:

MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, LEARNING DISABLED**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, PHYSICALLY IMPAIRED**, MULTIPLY HANDICAPPED, DEVELOPMENTALLY DELAYED, EMOTIONALLY DISTURBED, NEUROLOGICALLY IMPAIRED, AUTISTIC-LIKE, NONAMBULATORY, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

DAY TREATMENT, DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--PRESCHOOL, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, SPEECH/LANGUAGE THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT TRAINING, PREVOCATIONAL TRAINING, PARENT COUNSELING, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA.

HOW TO APPLY:

(1) CONTACT SCHOOL DISTRICT.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

OPI RULES/REGULATIONS.

EXIT OR GRADUATION CRITERIA:

(1) CHILD STUDY TEAM DETERMINATION.

October 31, 1985

AGENCY: *BIGFORK CONVALESCENT CENTER

ADDRESS: BOX 338
BIGFORK, MONTANA 59911

PHONE: 837-5041

CONTACT: MARCI GERRICK
DIRECTOR OF NURSING

AGENCY TYPE: PRIVATE/FOR PROFIT

COUNTY(IES) SERVED:

FLATHEAD.

AGES SERVED: 18 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, NEUROLOGICALLY IMPAIRED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, OTHER HEALTH IMPAIRED**, MILD MENTALLY RETARDED.

PROGRAM(S) OFFERED:

FAMILY TRAINING AND SUPPORT, NURSING CARE, RECREATION, RESIDENTIAL FACILITY, SOCIAL SERVICE, SOCIAL SERVICE/WELFARE, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

MEDICAL ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, PHYSICAL THERAPY, SPEECH/LANGUAGE THERAPY, RECREATION THERAPY, SELF-HELP TRAINING, SOCIAL/RECREATION ACTIVITIES, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, ADVOCACY.

HOW TO APPLY:

(1) PHYSICIAN REFERRAL; (2) DIRECT CONTACT.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) 18 YEARS AND OLDER; AND (2) IF FACILITY IS CAPABLE OF SERVING THEM.

EXIT OR GRADUATION CRITERIA:

(1) PATIENT CARE PLAN; (2) NO LONGER REQUIRES LONG-TERM NURSING CARE; (3) OUTSIDE SUPPORT.

October 31, 1985

AGENCY: *BILLINGS METROPOLITAN TRANSIT
DIVISION OF THE CITY OF BILLINGS

ADDRESS: CITY OF BILLINGS
BILLINGS, MONTANA 59103

PHONE: 657-8218

CONTACT: RON WENGER
TRANSIT MANAGER

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

YELLOWSTONE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

TRANSPORTATION.

COMMENTS ON PROGRAMS/SERVICES:

THIS PROGRAM CANNOT TRANSPORT PERSONS IN WHEELCHAIRS.

HOW TO APPLY:

(1) NO APPLICATION PROCEDURE.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

CLIENT IS ELIGIBLE IF NOT IN A WHEELCHAIR.

EXIT OR GRADUATION CRITERIA:

(1) NO EXIT PROCEDURES.

FEES AND PAYMENT ASSISTANCE:

BILLINGS METROPOLITAN TRANSIT USES A VARIABLE FEE SCHEDULE. TALK TO THEM ABOUT AVAILABLE PROGRAMS THAT MAY HELP DEFRAY COSTS.

October 31, 1985

AGENCY: *BILLINGS OPTIMIST CLUB CAMP

ADDRESS: 1701 AVENUE EAST
BILLINGS, MONTANA 59102

PHONE: 248-3303

CONTACT: DR. THOMAS WICKLIFFE
COORDINATOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: 6 THROUGH 18 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED, SEVERE BEHAVIOR PROBLEMS, AUTISTIC-LIKE, NONAMBULATORY, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, PHYSICALLY IMPAIRED.

PROGRAM(S) OFFERED:

RECREATION.

SERVICE(S) TYPICALLY AVAILABLE:

SOCIAL/RECREATION ACTIVITIES.

HOW TO APPLY:

APPLY TO S.T.E.P., 1739 GRAND AVENUE, BILLINGS, MONTANA, 59102, 248-5420.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

S.T.E.P. SCREENING.

EXIT OR GRADUATION CRITERIA:

THERE ARE NO EXIT REQUIREMENTS.

October 31, 1985

AGENCY: *BILLINGS SCHOOL DISTRICT NO. 2

ADDRESS: 2821 AUGUSTA LANE
BILLINGS, MONTANA 59102

PHONE: 252-3424

CONTACT: DR. ROWENA FOOS
DIR. PUPIL RESOURCE SVCS.

AGENCY TYPE: PUBLIC SCHOOL

COUNTY(IES) SERVED:

YELLOWSTONE.

AGES SERVED: 3 THROUGH 21 YEARS.
PLEASE SEE COMMENTS SECTION.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, OTHER HEALTH IMPAIRED**.

PROGRAM(S) OFFERED:

EDUCATION--CLASSROOM, EDUCATION--HOMEBASED.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, ADAPTIVE EQUIPMENT, TRANSPORTATION, SEX EDUCATION, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, OUTREACH SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

WHEN APPROPRIATE THIS PROGRAM PROVIDES SERVICES TO PERSONS WHO ARE 0 TO 21 YEARS OLD. COMBINATION CLASSROOM/COMMUNITY-BASED AND HOMEBOUND/HOSPITAL EDUCATIONAL SERVICES ARE PROVIDED AS NEEDED.

HOW TO APPLY:

REFERRAL BASIS; BRING CONCERNS TO SCHOOL OFFICIAL.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) CHILD STUDY TEAM.

EXIT OR GRADUATION CRITERIA:

(1) CLASSROOM TEACHER RECOMMENDATION; (2) SUCCESSFUL COMPLETION OF GOALS IN IEP; (3) CHILD STUDY TEAM DETERMINES CORRECT PLACEMENT.

October 31, 1985

AGENCY: *BILLINGS WORKSHOP, INC.

ADDRESS: 200 SOUTH 24TH STREET
BILLINGS, MONTANA 59101

PHONE: 248-9115

CONTACT: BOB ROSS
REHABILITATION
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

AGES SERVED: 16 THROUGH 65 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, LEARNING DISABLED**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, PHYSICALLY IMPAIRED**, DEAF AND BLIND, BLIND, DEAF, AUTISTIC-LIKE, NONAMBULATORY, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

DAY TREATMENT, DIAGNOSTIC/EVALUATION, MENTAL HEALTH, VOCATIONAL REHABILITATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, CLIENT COUNSELING/PSYCHOTHERAPY, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA.

COMMENTS ON PROGRAMS/SERVICES:

BILLINGS WORKSHOP SERVES ALL OF THE SOUTH CENTRAL REGION OF MONTANA. IN ADDITION TO THE SERVICES SHOWN ABOVE, THEY SERVE BRAIN-DAMAGED PEOPLE.

HOW TO APPLY:

(1) CONTACT PROGRAM, (2) FILL OUT REFERRAL FORM, (3) SUBMIT MEDICAL/PHYSICAL INFORMATION, OR (3) MAY BE REFERRED BY SOCIAL WORKER, REHABILITATION COUNSELOR, ETC., OR CALL BOB ROSS, THE DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) AGE 16 - 65 YEARS; (2) VOCATIONALLY DISABLED DUE TO MENTAL, PHYSICAL, OR SOCIAL DISABILITY; (3) AMBULATORY; ABLE TO TOILET AND SELF FEED WITHOUT ASSISTANCE; (4) ABLE TO COMMUNICATE IN MEANINGFUL WAY; (5) SPONSORED BY PUBLIC AGENCY OR APPROPRIATE PRIVATE SOURCE; (6) HOUSING AND TRANSPORTATION PRE-ARRANGED.

EXIT OR GRADUATION CRITERIA:

CLIENT COMPLETES REQUIREMENTS OF HABILITATION PLAN.

FEES AND PAYMENT ASSISTANCE:

CHARGES ARE VARIABLE DEPENDING ON THE SERVICE. PAYMENTS ARE MADE BY A THIRD PARTY SINCE THE CLIENT DOES NOT PAY FOR SERVICES.

October 31, 1985

AGENCY: *BITTERROOT VALLEY COOPERATIVE

ADDRESS: BOX 687
STEVENSVILLE, MT 59870

PHONE: 777-2494

CONTACT: MIKE AINSWORTH
COOPERATIVE DIRECTOR

AGENCY TYPE: SPECIAL EDUCATION COOPERATIVE

COUNTY(IES) SERVED:

RAVALLI.

AGES SERVED: 5 THROUGH 19 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PREVOCATIONAL TRAINING, PARENT COUNSELING, ADAPTIVE EQUIPMENT, TRANSPORTATION, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, ADVOCACY.

HOW TO APPLY:

(1) CONTACT SCHOOLS; (2) REFERRALS FROM MANY SOURCES ACCEPTED.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) PUBLIC LAW 94-142; (3) CHILD STUDY TEAM PLACEMENT.

EXIT OR GRADUATION CRITERIA:

(1) CHILD STUDY TEAM DETERMINES WHEN READY TO EXIT.

AGENCY: *BLACKFEET D.D. PROGRAM, INC.

October 31, 1985

ADDRESS: BOX 247
BROWNING, MONTANA 59417

PHONE: 338-5364

CONTACT: ZITA R. BREMNER
DIRECTOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

GLACIER, PONDERA.

AGES SERVED: 16 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, GROUP HOME, RECREATION, RESIDENTIAL FACILITY, SHELTERED WORKSHOP, SOCIAL SERVICE/WELFARE, TRANSPORTATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

RECREATION THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PREVOCATIONAL TRAINING, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, SEX EDUCATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION, ADVOCACY.

HOW TO APPLY:

(1) CONTACT DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) SRS/DDD SCREENING; (2) DETERMINED TO BE DEVELOPMENTALLY DISABLED.

EXIT OR GRADUATION CRITERIA:

(1) SCREENING COMMITTEE DECISION.

FEES AND PAYMENT ASSISTANCE:

THERE IS A CHARGE FOR GROUP HOME RESIDENTS. THE BLACKFEET DEVELOPMENTAL DISABILITIES CORPORATION ACCEPTS SSI PAYMENTS.

November 6, 1985

AGENCY: *BLACKFEET HEAD START/SPECIAL SERVICES COMPONENT

ADDRESS: P.O. BOX 537
BROWNING, MONTANA 59417

PHONE: 338-7370

CONTACT: DOLLY STONE
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

GLACIER, PONDERA.

AGES SERVED: 3 THROUGH 5 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--PRESCHOOL, SPEECH/LANGUAGE ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT TRAINING, PARENT COUNSELING, ADAPTIVE EQUIPMENT, TRANSPORTATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, MEDICAL SCREENING.

HOW TO APPLY:

(1) REFERRAL BASIS OR DIRECT CONTACT.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) 3 TO 5 YEARS OLD; (3) INCOME ELIGIBLE; (4) PRIORITY FOR CHILDREN WITH SPECIAL NEEDS AND LOW INCOME FAMILIES.

EXIT OR GRADUATION CRITERIA:

(1) EVALUATION; (2) OVER AGE 5.

October 31, 1985

AGENCY: *BLACKFEET INFANT PROGRAM

ADDRESS: P.O. BOX 537
BROWNING, MONTANA 59417

PHONE: 338-7370

CONTACT: DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

GLACIER, PONDERA.

AGES SERVED: BIRTH THROUGH 3 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, FAMILY TRAINING AND SUPPORT, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, SPEECH/LANGUAGE ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PARENT TRAINING, ADAPTIVE EQUIPMENT, TRANSPORTATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, OUTREACH SERVICES, REFERRAL, LIBRARY, FOLLOW-ALONG.

HOW TO APPLY:

(1) REFERRAL BASIS OR (2) DIRECT CONTACT.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) DIAGNOSTIC EVALUATION; (2) PARENT INTERVIEW; (3) RESIDE ON BLACKFEET INDIAN RESERVATION.

EXIT OR GRADUATION CRITERIA:

(1) AGE 3; (2) MOVED TO ANOTHER PROGRAM; (3) EVALUATION.

October 31, 1985

AGENCY: *BLACKFEET NURSING HOME

ADDRESS: BOX 728
BROWNING, MONTANA 59417

PHONE: 338-2686

CONTACT: FAE SHELBY
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

GLACIER, PONDERA.

AGES SERVED: 18 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, DEAF AND BLIND**, DEAF**, BLIND**, NONAMBULATORY**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

RESIDENTIAL FACILITY.

SERVICE(S) TYPICALLY AVAILABLE:

RECREATION THERAPY, SPECIALIZED DIETARY/NUTRITIONAL SERVICES.

HOW TO APPLY:

(1) PHYSICIAN OR INDIVIDUAL REFERRAL.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

ELIGIBLE IF CLIENT NEEDS LONG-TERM NURSING CARE.

EXIT OR GRADUATION CRITERIA:

(1) PHYSICIAN DECIDES WHEN PATIENT IS READY TO LEAVE.

October 31, 1985

AGENCY: *BLAINE COUNTY ACTIVITIES

ADDRESS: P.O. BOX 457
HARLEM, MONTANA 59526

PHONE: 353-2871

CONTACT: MARGIE CHRISTIAENS
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

BLAINE.

AGES SERVED: 18 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, SEVERE BEHAVIOR PROBLEMS**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, PHYSICALLY IMPAIRED**, EMOTIONALLY DISTURBED, NEUROLOGICALLY IMPAIRED, LEARNING DISABLED, HEARING IMPAIRED.

PROGRAM(S) OFFERED:

DAY TREATMENT, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, GROUP HOME, INDEPENDENT/SEMI-INDEPENDENT LIVING, MENTAL HEALTH, PUBLIC HEALTH, RECREATION, RESIDENTIAL FACILITY, RESPITE CARE, SHELTERED WORKSHOP, SOCIAL SERVICE/WELFARE, TRANSPORTATION, VOCATIONAL REHABILITATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, FAMILY THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, SEX EDUCATION, RESPITE CARE, CONSULTATION/TA, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION.

HOW TO APPLY:

(1) CONTACT SRS/DDD.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) MUST BE 18 YEARS OR OLDER; (2) SRS/DDD SCREENING AS WELL AS SCREENING BY PROGRAM.

EXIT OR GRADUATION CRITERIA:

(1) MEET IHP GOALS.

November 6, 1985

AGENCY: *BOZEMAN CONVALESCENT CENTER

ADDRESS: 321 NORTH FIFTH AVENUE
BOZEMAN, MONTANA 59715

PHONE: 587-4404

CONTACT: GARY DICKERSON
ADMINISTRATOR

AGENCY TYPE: PRIVATE/FOR PROFIT

COUNTY(IES) SERVED:

GALLATIN.

AGES SERVED: 18 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DAY CARE, DIAGNOSTIC/EVALUATION, RECREATION, RESPITE CARE, SOCIAL SERVICE/WELFARE.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, FAMILY THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, RESPITE CARE, DAY CARE, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION, ADVOCACY, OUTREACH SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

THE CONVALENSCENT CENTER IS AN INTERMEDIATE CARE FACILITY. THE CENTER ALSO PROVIDES SERVICES THROUGH THE VETERANS ADMINISTRATION.

HOW TO APPLY:

(1) CONTACT FACILITY OR GO THROUGH LOCAL RESOURCE PERSON.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OVER 18 YEARS; (2) PHYSICIAN'S ORDER; LEVEL OF CARE THEY CAN DELIVERY BASED ON POPULATION AT THE TIME; (4) MEDICAID PATIENTS MUST GO THROUGH SRS

LONG-TERM CARE.

EXIT OR GRADUATION CRITERIA:

CASE MANAGEMENT TEAM REVIEWS AT 30 & 90 DAYS; (2) WORKS WITH FAMILY TOWARDS PLACEMENT.

October 31, 1985

AGENCY: *BOZEMAN PUBLIC SCHOOLS

ADDRESS: P.O. BOX 520
BOZEMAN, MONTANA 59715

PHONE: 586-8211

CONTACT: JOYCE HYNES
SPECIAL EDUCATION
DIRECTOR

AGENCY TYPE: PUBLIC SCHOOL

COUNTY(IES) SERVED:

GALLATIN.

AGES SERVED: 3 THROUGH 19 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--PRESCHOOL, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, ADAPTIVE EQUIPMENT, TRANSPORTATION, SEX EDUCATION, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA.

HOW TO APPLY:

(1) REGISTER FOR SCHOOL; (2) PARENTS REQUEST EVALUATION; (3) PLACEMENT INFO FROM SPECIAL EDUCATION DEPARTMENT.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS.

EXIT OR GRADUATION CRITERIA:

(1) IEP; OR (2) GENERAL DIPLOMA REQUIREMENTS OF 21 CREDIT HOURS.

FEES AND PAYMENT ASSISTANCE:

BOZEMAN PUBLIC SCHOOLS CHARGES TUITION FOR OUT-OF-DISTRICT STUDENTS. THE

TUITION IS PAID BY THE HOME SCHOOL DISTRICT.

October 31, 1985

AGENCY: *BROWNING SCHOOL DISTRICT NO. 9

ADDRESS: P.O. BOX 610
BROWNING, MONTANA 59417

PHONE: 338-2715

CONTACT: DENNIS CLARKSON
DIRECTOR, SPECIAL SERVICES

AGENCY TYPE: PUBLIC SCHOOL

COUNTY(IES) SERVED:

GLACIER.

AGES SERVED: 5 THROUGH 21 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, PHYSICAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT TRAINING, TRANSPORTATION, SEX EDUCATION, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, OUTREACH SERVICES.

HOW TO APPLY:

(1) REGISTER FOR SCHOOL; (2) REFERRAL BASIS; (3) IEP DEVELOPED WITH APPROPRIATE PLACEMENT.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) 5 THROUGH 21 YEARS OLD; (2) OPI RULES/REGULATIONS.

EXIT OR GRADUATION CRITERIA:

(1) CHILD STUDY TEAM DECISION; (2) PARENTAL PERMISSION FOR CHANGE IN PROGRAM; (3) EXITED STUDENTS FOLLOWED FOR ONE FULL YEAR THROUGH QUARTERLY REPORTS.

October 31, 1985

AGENCY: *BUTTE CONVALESCENT CENTER

ADDRESS: 2500 CONTINENTAL DRIVE
BUTTE, MONTANA 59701

PHONE: 723-6556

CONTACT: MARY WARNER
DIRECTOR OF NURSING

AGENCY TYPE: PRIVATE/FOR PROFIT

COUNTY(IES) SERVED:

SILVER BOW.

AGES SERVED: 18 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

NURSING CARE.

SERVICE(S) TYPICALLY AVAILABLE:

DIETARY/NUTRITION ASSESSMENT, SELF-HELP TRAINING, SOCIAL/RECREATION ACTIVITIES, SPECIALIZED DIETARY/NUTRITIONAL SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

THE CENTER RESERVES THE RIGHT TO DETERMINE THEIR ABILITY TO SERVE A ON AN INDIVIDUAL BASIS, DEPENDENT ON THE SEVERITY OF THE HANDICAPPING CONDITION AND THE AGE OF THE PERSON.

HOW TO APPLY:

(1) PHYSICIAN OR INDIVIDUAL REFERRAL.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) CLIENT REQUIRES LONG-TERM NURSING CARE; (2) CENTER'S ABILITY TO PROVIDE NEEDED SERVICES.

EXIT OR GRADUATION CRITERIA:

(1) PHYSICIAN DECIDES WHEN PATIENT IS READY TO LEAVE.

FEES AND PAYMENT ASSISTANCE:

THERE IS A CHARGE FOR SERVICES. THE CONVALESCENT CENTER ACCEPTS INSURANCE AND MEDICARE/MEDICAID PAYMENTS.

SATELLITE LOCATIONS:

BOZEMAN, DILLON, GREAT FALLS, HELENA, LIVINGSTON, RED LODGE.

October 31, 1985

AGENCY: *BUTTE HEAD START

ADDRESS: P.O. BOX 608
BUTTE, MONTANA 59701

PHONE: 723-4078

CONTACT: JEAN FINLEY
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

SILVER BOW.

AGES SERVED: 3 THROUGH 5 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

EDUCATION--CLASSROOM, FAMILY TRAINING AND SUPPORT, RECREATION, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT TRAINING, PARENT COUNSELING, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, OUTREACH SERVICES.

HOW TO APPLY:

(1) WELFARE REFERRAL; (2) DOCTOR'S REFERRAL.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) 3 TO 6 YEARS OLD; (3) INCOME ELIGIBLE; (4) PRIORITY FOR CHILDREN WITH SPECIAL NEEDS AND LOW INCOME FAMILIES.

EXIT OR GRADUATION CRITERIA:

(1) READY FOR SCHOOL; (2) CHILD STUDY TEAM.

AGENCY: *BUTTE PARK ROYAL CONVALESCENT CENTER

ADDRESS: 3251 NETTIE STREET
BUTTE, MONTANA 59701

PHONE: 723-3225

CONTACT: CURTIS ARENDT
ADMINISTRATOR

AGENCY TYPE: PRIVATE/FOR PROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, AUTISTIC-LIKE**, NONAMBULATORY**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, MODERATE MENTALLY RETARDED, EMOTIONALLY DISTURBED.

PROGRAM(S) OFFERED:

DAY CARE, DIAGNOSTIC/EVALUATION, MENTAL HEALTH, RECREATION, RESIDENTIAL FACILITY, RESPITE CARE, SOCIAL SERVICE/WELFARE, TRANSPORTATION, VOCATIONAL REHABILITATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, MEDICAL ASSESSMENT, DENTAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, RESPITE CARE, DAY CARE, SPECIALIZED DIETARY/NUTRITIONAL SERVICES.

HOW TO APPLY:

(1) CONTACT NURSING HOME.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) ABILITY TO SECURE MONEY FOR SERVICES; (2) HEALTH.

EXIT OR GRADUATION CRITERIA:

(1) PATIENT CARE PLANNING COMMITTEE.

FEES AND PAYMENT ASSISTANCE:

THE CONVALESCENT CENTER USES A VARIABLE FEE SCHEDULE. THEY ACCEPT INSURANCE AND MEDICARE/MEDICAID PAYMENTS.

October 31, 1985

AGENCY: *BUTTE SCHOOL DISTRICT

ADDRESS: 111 NORTH MONTANA
BUTTE, MONTANA 59701

PHONE: 782-8315

CONTACT: DICK CARLSON OR LEE SUNDBERG
DIRECTORS

AGENCY TYPE: PUBLIC SCHOOL

COUNTY(IES) SERVED:

SILVER BOW.

AGES SERVED: 3 THROUGH 21 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DAY TREATMENT, DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, HUMAN RESOURCE DEVELOPMENT COUNCIL, MEDICAL CLINIC, RECREATION, SHELTERED WORKSHOP, SOCIAL SERVICE/WELFARE, TRANSPORTATION, VOCATIONAL REHABILITATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, MEDICAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, FAMILY THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PARENT TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, PARENT COUNSELING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, SEX EDUCATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, ADVOCACY.

HOW TO APPLY:

REFERRAL BASIS; CONTACT SCHOOL DISTRICT.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) AGE 3-21 YEARS.

October 31, 1985

AGENCY: *BUTTE SHELTERED WORKSHOP

ADDRESS: 207 SOUTH MONTANA
BUTTE, MONTANA 59701

PHONE: 723-6501

CONTACT: ROBERT KISSELL
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

BROADWATER, JEFFERSON, SILVER BOW.

AGES SERVED: 16 YEARS AND OLDER.

DISABILITY(IES) SERVED:

SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, AUTISTIC-LIKE**, PHYSICALLY IMPAIRED**, MULTIPLY HANDICAPPED, EMOTIONALLY DISTURBED, NEUROLOGICALLY IMPAIRED, DEAF AND BLIND, BLIND, DEAF, LEARNING DISABLED, SEVERE BEHAVIOR PROBLEMS, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

ADVOCACY, EDUCATION--CLASSROOM, INDEPENDENT/SEMI-INDEPENDENT LIVING, RECREATION, RESIDENTIAL FACILITY, SHELTERED WORKSHOP, TRANSPORTATION, VOCATIONAL REHABILITATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

VOCATIONAL ASSESSMENT, ACADEMIC ASSESSMENT, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, REFERRAL/FOLLOW-UP SERVICES.

HOW TO APPLY:

(1) REFERRAL FROM DIVISION OF VOC. REHAB OR SOCIAL SERVICE.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) SRS/DDD SCREENING.

EXIT OR GRADUATION CRITERIA:

(1) IHP TEAM DECISION.

October 31, 1985

AGENCY: *CASCADE COUNTY CONVALESCENT NURSING HOME

ADDRESS: 1130 17TH AVENUE SOUTH
GREAT FALLS, MT 59405

PHONE: 761-6467

CONTACT: DONALD PIZZINI
ADMINISTRATOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: 6 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MILD MENTALLY RETARDED, EMOTIONALLY DISTURBED, NEUROLOGICALLY IMPAIRED, DEAF AND BLIND, DEAF, BLIND, LEARNING DISABLED, AUTISTIC-LIKE, NONAMBULATORY, MILD SPEECH/LANGUAGE IMPAIRED, , HEARING IMPAIRED, VISUALLY IMPAIRED, PHYSICALLY IMPAIRED.

PROGRAM(S) OFFERED:

RECREATION, RESIDENTIAL FACILITY.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, RECREATION THERAPY, REHABILITATION/HABILITATION TRAINING, SOCIAL/RECREATION ACTIVITIES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES.

HOW TO APPLY:

CONTACT ASSISTANT ADMINISTRATOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) 6 YEARS OR OLDER; (2) NO EXCESSIVE BEHAVIOR PROBLEMS; (3) PHYSICIAN REFERRAL FOR SKILLED AND/OR INTERMEDIATE NURSING CARE SERVICE.

EXIT OR GRADUATION CRITERIA:

DISCHARGE PLANNING.

October 31, 1985

AGENCY: *CENTRAL MONTANA LEARNING RESOURCE CENTER

ADDRESS: 215 SEVENTH AVENUE SOUTH
LEWISTOWN, MT 59457

PHONE: 538-9012

CONTACT: DR. PELLANT
COOPERATIVE DIRECTOR

AGENCY TYPE: SPECIAL EDUCATION COOPERATIVE

COUNTY(IES) SERVED:

FERGUS, GOLDEN VALLEY, JUDITH BASIN, MUSSELSHELL, PETROLEUM, WHEATLAND.

AGES SERVED: 3 THROUGH 21 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT COUNSELING, CLIENT COUNSELING/PSYCHOTHERAPY, ADAPTIVE EQUIPMENT, TRANSPORTATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

ADDITIONAL SERVICES INCLUDE TRANSPORTATION AND TUITION FOR OUT-OF-DISTRICT-PLACEMENTS, FUNDING FOR NONMEDICAL EVALUATIONS, FAMILY THERAPY FOR CHILDREN IDENTIFIED AS EMOTIONALLY DISTURBED, AND ADAPTIVE PHYSICAL EDUCATION. FOR THE SEVERE LEARNING DISABLED, THE CENTER IS LIMITED TO SERVING THE BOTTOM 3 PERCENT OF THE NATIONAL POPULATION.

HOW TO APPLY:

(1) REGISTER FOR SCHOOL; IF THE CHILD IS IN PRESCHOOL, MUST REQUEST SERVICES.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) PUBLIC LAW 94-142; (3) CHILD STUDY TEAM PLACEMENT.

EXIT OR GRADUATION CRITERIA:

(1) SCHOOL DISTRICT DETERMINATION; (2) CHILD STUDY TEAM.

October 31, 1985

AGENCY: *CENTRAL MONTANA NURSING HOME

ADDRESS: 408 WENDELL
LEWISTOWN, MONTANA 59457

PHONE: 538-7711

CONTACT: PHYLLIS TAYLOR
DIRECTOR OF LONG
TERM CARE

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: 18 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DAY CARE, DIAGNOSTIC/EVALUATION, HOSPITAL, RECREATION, RESIDENTIAL FACILITY, SOCIAL SERVICE/WELFARE.

SERVICE(S) TYPICALLY AVAILABLE:

MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, PERSONALITY ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, PHYSICAL THERAPY, RECREATION THERAPY, FAMILY THERAPY, SELF-HELP TRAINING, SOCIAL/RECREATION ACTIVITIES, DAY CARE, REFERRAL/FOLLOW-UP SERVICES, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, ADVOCACY.

COMMENTS ON PROGRAMS/SERVICES:

THEY WILL ACCEPT 5 YEAR OLDS IF THE CHILD'S BIRTHDAY OCCURS AFTER THE CUTOFF DATE FOR ADMITTANCE INTO SCHOOL.

HOW TO APPLY:

(1) APPLY TO PHYLLIS TAYLOR; (2) PHYSICIAN REFERRAL.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) MEDICAID PRESCREENED; (2) MEDICALLY NECESSARY.

EXIT OR GRADUATION CRITERIA:

(1) DISCHARGE PLANNING IS BASED ON THE LEVEL OF INDEPENDENCE; (2) WHEN THE CHILD IS OVER 4 YEARS OLD.

FEES AND PAYMENT ASSISTANCE:

CHARGES ARE VARIABLE WITH A SLIDING-SCALE PAYMENT PLAN. THE HOME ACCEPTS INSURANCE AND MEDICARE/MEDICAID PAYMENTS.

October 31, 1985

AGENCY: *CHARLES CAMPBELL CHILDREN'S CAMP FOR THE PHYSICALLY HANDICAPPED

ADDRESS: 4322 STONE
BILLINGS, MONTANA 59101

PHONE: 248-5157

CONTACT: PAUL EVANSON
CAMP DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: 6 THROUGH 18 YEARS.

DISABILITY(IES) SERVED:

PHYSICALLY IMPAIRED**, MODERATE MENTALLY RETARDED, MILD MENTALLY RETARDED, DEVELOPMENTALLY DELAYED, NEUROLOGICALLY IMPAIRED, BLIND, DEAF, NONAMBULATORY, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

ART THERAPY APPROACH, RECREATION, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

RECREATION THERAPY, SELF-HELP TRAINING, TRANSPORTATION, SPECIALIZED DIETARY/NUTRITIONAL SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

THIS CAMP IS SPONSORED BY THE LIONS CLIB. IT IS LOCATED 11 MILES SOUTH OF RED LODGE IN THE BEARTOOTH MOUNTAINS. THEY TRANSPORT FROM BILLINGS TO CAMP AND BACK AGAIN.

HOW TO APPLY:

WRITE TO PAUL EVANSON.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

MUST BE PHYSICALLY IMPAIRED.

FEES AND PAYMENT ASSISTANCE:

THERE IS NO CHARGE FOR THIS SERVICE.

October 31, 1985

AGENCY: *CHILDREN'S CENTER OF HELENA, INC.

ADDRESS: 1221 BILLINGS AVENUE
HELENA, MONTANA 59601

PHONE: 443-6318

CONTACT: JANET GILLESPIE
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

JEFFERSON, LEWIS & CLARK, POWELL.

AGES SERVED: 3 THROUGH 5 YEARS.

DISABILITY(IES) SERVED:

MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, LEARNING DISABLED**, MULTIPLY HANDICAPPED, NONAMBULATORY, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, PHYSICALLY IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

DAY CARE, EDUCATION--CLASSROOM, HUMAN RESOURCE DEVELOPMENT COUNCIL, PUBLIC HEALTH, RECREATION.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--PRESCHOOL, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, PHYSICAL THERAPY, SELF-HELP TRAINING, PARENT COUNSELING, SOCIAL/RECREATION ACTIVITIES, DAY CARE.

HOW TO APPLY:

(1) CONTACT THE DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) AGES 3-5; (2) ACCEPT (A) ONE-THIRD LOW INCOME; (B) ONE-THIRD MIDDLE INCOME; (C) ONE-THIRD HIGH INCOME.

EXIT OR GRADUATION CRITERIA:

(1) REACH AGE TO ATTEND REGULAR SCHOOL.

October 31, 1985

AGENCY: *CHOTEAU ACTIVITIES

ADDRESS: BOX 799
CHOTEAU, MONTANA 59422

PHONE: 466-5311

CONTACT: PAUL SMITH
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: 18 YEARS AND OLDER.

DISABILITY(IES) SERVED:

SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, AUTISTIC-LIKE**, PHYSICALLY IMPAIRED**, MULTIPLY HANDICAPPED, DEAF AND BLIND, BLIND, DEAF, LEARNING DISABLED, NONAMBULATORY, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

DAY TREATMENT, DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, GROUP HOME, INDEPENDENT/SEMI-INDEPENDENT LIVING, INDEPENDENT/TRANSITIONAL LIVING, RECREATION, RESIDENTIAL FACILITY, TRANSPORTATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, PHYSICAL THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, REFERRAL/FOLLOW-UP SERVICES, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION, OUTREACH SERVICES, HOME AND COMMUNITY LIFE SKILLS TRAINING.

HOW TO APPLY:

(1) CONTACT PROGRAM DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) DETERMINED TO BE DEVELOPMENTALLY DISABLED; (2) SOCIAL SERVICE SCREENING (INCLUDING IQ TEST, MENTAL HEALTH CENTER INFORMATION, ETC); (3) 18 YEARS OF AGE AND OLDER.

EXIT OR GRADUATION CRITERIA:

(1) WRITTEN ENTRANCE/EXIT; (2) IHP TEAM DECISION; (3) GAINFULLY EMPLOYED.

October 31, 1985

AGENCY: *CHOTEAU COUNTY DISTRICT HOSPITAL AND NURSING HOME

ADDRESS: 1512 ST. CHARLES STREET
FORT BENTON, MT 59442

PHONE: 622-3331

CONTACT: ROBERT SMITH
ADMINISTRATOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

GROUP HOME, HOSPITAL, RECREATION, RESIDENTIAL FACILITY.

SERVICE(S) TYPICALLY AVAILABLE:

PHYSICAL THERAPY, SOCIAL/RECREATION ACTIVITIES, SPECIALIZED DIETARY/NUTRITIONAL SERVICES.

HOW TO APPLY:

CONTACT ADMINISTRATOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

THIS PROGRAM HAS NO ELIGIBILITY REQUIREMENTS.

EXIT OR GRADUATION CRITERIA:

DISCHARGE PLANNING.

October 31, 1985

AGENCY: *CHRISTIKON

ADDRESS: 1301 AVENUE 'D'
BILLINGS, MT 59101

PHONE: 252-5504

CONTACT: BOB QUAM
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: 10 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, NEUROLOGICALLY IMPAIRED**, LEARNING DISABLED**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, PHYSICALLY IMPAIRED**, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

RECREATION.

SERVICE(S) TYPICALLY AVAILABLE:

RECREATION THERAPY, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, SPECIALIZED DIETARY/NUTRITIONAL SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

THIS CAMP IS LOCATED SOUTH OF BIG TIMBER CLOSE TO YELLOWSTONE NATIONAL PARK. THIS YEAR (1986) CAMP DATES ARE JUNE 11-14. THE NUMBER SHOWN ABOVE IS THE CAMP'S WINTER NUMBER, THEY CAN BE CONTACTED AT 932-6300 DURING THE SUMMER MONTHS.

HOW TO APPLY:

CONTACT AGENCY FOR REGISTRATION FORM, COMPLETE AND RETURN.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) HANDICAPPED, AMBULATORY TO SOME EXTENT, AND CONTROL OVER BODILY FUNCTIONS IS DESIRABLE; (2) APPLICATIONS ARE REVIEWED INDIVIDUALLY.

EXIT OR GRADUATION CRITERIA:

(1) THERE ARE NO EXIT REQUIREMENTS.

FEES AND PAYMENT ASSISTANCE:

THERE IS A FEE OF APPROXIMATELY $50. HOWEVER SCHOLARSHIP AID IS AVAILABLE.

SATELLITE LOCATIONS:

BILLINGS, MC LEOD.

October 31, 1985

AGENCY: *CHRISTOPHER ROBBINS PRESCHOOL

ADDRESS: BOX 1083
GLENDIVE, MONTANA 59301

PHONE: 365-4202

CONTACT: AUDREY ZUROFF
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

DAWSON.

AGES SERVED: 3 THROUGH 5 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, NEUROLOGICALLY IMPAIRED**, LEARNING DISABLED**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, VISUALLY IMPAIRED**, MODERATE MENTALLY RETARDED.

PROGRAM(S) OFFERED:

EDUCATION--CLASSROOM, RECREATION.

SERVICE(S) TYPICALLY AVAILABLE:

ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT TRAINING.

HOW TO APPLY:

(1) CONTACT SCHOOL; (2) CALL KAREN PICKART AT 365-6489, OR CONNIE ROBERTS AT 365-8019.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) MUST BE 3 YEARS BY SEPTEMBER 1; (2) POTTY-TRAINED (EXCEPT FOR SEVERELY HANDICAPPED); (3) BOARD OF DIRECTORS/PARENTS COMMITTEE DECIDES.

EXIT OR GRADUATION CRITERIA:

GRADUATE TO KINDERGARTEN AT AGE 5 OR 6.

October 31, 1985

AGENCY: *CITIZENS ADVOCACY

ADDRESS: 4930 9TH AVE. S., SUITE 4
GREAT FALLS, MT 59405

PHONE: 453-3273

CONTACT: CHERIE COPP
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

CASCADE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

ADVOCACY.

SERVICE(S) TYPICALLY AVAILABLE:

ADVOCACY.

HOW TO APPLY:

CALL CITIZENS ADVOCACY.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) MUST BE DEVELOPMENTALLY DISABLED; (2) THEY OPERATE ON A PRIORITY SYSTEM (OFTEN PEOPLE WITH NO FAMILY ARE SERVED FIRST).

EXIT OR GRADUATION CRITERIA:

NO ONE IS EXITED BY THE ORGANIZATION--IT IS UP TO THE CLIENT, HOWEVER, THEY LOOK FOR A LIFETIME COMMITMENT FROM THE CLIENT.

October 31, 1985

AGENCY: *CITY TAXI (BOZEMAN)

ADDRESS: BOX 3041
BOZEMAN, MONTANA 59772

PHONE: 586-2341

CONTACT: JONATHAN ANDERSON
DIRECTOR

AGENCY TYPE: PRIVATE/FOR PROFIT

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

TRANSPORTATION.

HOW TO APPLY:

CALL CITY TAXI.

AGENCY: *CITY TAXI (BUTTE)

October 31, 1985

ADDRESS: 3 SOUTH MAIN
BUTTE, MONTANA 59701

PHONE: 723-6511

CONTACT: BERNARD HARRINGTON
DIRECTOR

AGENCY TYPE: PRIVATE/FOR PROFIT

COUNTY(IES) SERVED:

SILVER BOW.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

TRANSPORTATION.

HOW TO APPLY:

TELEPHONE FOR PICKUP OR DELIVERY. WILL ACCEPT PAYMENT FROM AGENCY, WELFARE, ETC. MAINTAIN CHARGE ACCOUNTS FOR SEVERELY HANDICAPPED PERSONS SERVED ON A REGULAR BASIS.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) ABILITY TO PAY--THE COMPANY IS WILLING TO SET UP A CHARGE ACCOUNT FOR REGULAR CUSTOMERS OR ACCEPT PAYMENT FROM WELFARE OR OTHER AGENCIES; (2) CANNOT TRANSPORT WHEELCHAIRS.

EXIT OR GRADUATION CRITERIA:

THERE ARE NO EXIT REQUIREMENTS FOR THIS PROGRAM.

October 31, 1985

AGENCY: *CLARK TRANSPORTATION

ADDRESS: DRAWER P
RED LODGE, MT 59068

PHONE: 446-2818

CONTACT: JOHN CLARK
DIRECTOR

AGENCY TYPE: PRIVATE/FOR PROFIT

COUNTY(IES) SERVED:

CARBON, STILLWATER.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

TRANSPORTATION.

COMMENTS ON PROGRAMS/SERVICES:

IN ADDITION TO CONTRACTING WITH SOCIAL SERVICE PROGRAMS TO TRANSPORT THE DEVELOPMENTALLY DISABLED, THEY PROVIDE SCHOOL BUS AND CHARTER BUS SERVICE ALSO.

HOW TO APPLY:

BEARTOOTH INDUSTRIES AND/OR SRS CONTRACTS FOR TRANSPORTATION OR CALL CALL CLARK TRANSPORTATION DIRECT.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

INVOLVED IN SRS/DDD PROGRAM.

EXIT OR GRADUATION CRITERIA:

NO EXIT REQUIREMENTS.

October 31, 1985

AGENCY: *CLIFFORD HOOPES (TRANSPORTATION)

ADDRESS: 2125 FAT JACK STREET
BUTTE, MONTANA 59701

PHONE: 494-2202

CONTACT: CLIFFORD HOOPES
OWNER

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

AGES SERVED: 16 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

TRANSPORTATION.

HOW TO APPLY:

APPLY THROUGH DD DIVISION OR BUTTE SHELTERED WORKSHOP.

October 31, 1985

AGENCY: *CO-TEACH PROJECT

ADDRESS: UNIVERSITY OF MONTANA
MISSOULA, MT 59812

PHONE: 243-5344

CONTACT: MR. SULLIVAN
SUPERVISING TEACHER

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

MISSOULA.

AGES SERVED: 3 THROUGH 5 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

EDUCATION--CLASSROOM.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--PRESCHOOL, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PARENT TRAINING, PARENT COUNSELING, SOCIAL/RECREATION ACTIVITIES, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, OUTREACH SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

THE CO-TEACH PROJECT CURRENTLY SERVES MISSOULA AND CONTIGUOUS COUNTIES. OTHER COUNTIES WILL BE SERVED DURING PROJECT YEARS 2 AND 3.

HOW TO APPLY:

HAVA PARENT/GUARDIAN FORWARD RECORDS.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) DIAGNOSED HANDICAPPED OR AT RISK; (2) ADMISSIONS TEAM REVIEWS MATERIALS AND DECIDES ON PRIORITIES.

EXIT OR GRADUATION CRITERIA:

AGE.

October 31, 1985

AGENCY: *COLSTRIP SCHOOL DISTRICT NO. 19

ADDRESS: BOX 127
COLSTRIP, MONTANA 59323

PHONE: 748-4150

CONTACT: HELENE RANWEILER
COORDINATOR OF
SPECIAL SVCS.

AGENCY TYPE: PUBLIC SCHOOL

COUNTY(IES) SERVED:

ROSEBUD.

AGES SERVED: 5 THROUGH 18 YEARS.

DISABILITY(IES) SERVED:

MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, LEARNING DISABLED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, PUBLIC HEALTH.

SERVICE(S) TYPICALLY AVAILABLE:

VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, SPEECH/LANGUAGE THERAPY, ACADEMIC INSTRUCTION, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, ADAPTIVE EQUIPMENT, SEX EDUCATION, REFERRAL/FOLLOW-UP SERVICES, SPECIALIZED DIETARY/NUTRITIONAL SERVICES.

HOW TO APPLY:

(1) CONTACT SCHOOL.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) AGES 5 - 18 YEARS; (3) MOBILITY; (4) COMPREHENSIVE EVALUATION.

EXIT OR GRADUATION CRITERIA:

(1) CHILD STUDY TEAM; (2) COMPREHENSIVE EVALUATION.

October 31, 1985

AGENCY: *COLUMBIA FALLS SCHOOLS

ADDRESS: COLUMBIA FALLS, MT 59912

PHONE: 892-4321

CONTACT: BARBARA PARKER
SPECIAL EDUCATION
DIRECTOR

AGENCY TYPE: PUBLIC SCHOOL

COUNTY(IES) SERVED:

FLATHEAD.

AGES SERVED: BIRTH THROUGH 21 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, RECREATION, SOCIAL SERVICE/WELFARE, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--PRESCHOOL, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PREVOCATIONAL TRAINING, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, SEX EDUCATION, REFERRAL/FOLLOW-UP SERVICES.

HOW TO APPLY:

(1) CONTACT SCHOOLS.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS.

EXIT OR GRADUATION CRITERIA:

(1) TEACHER RECOMMENDATION; (2) CHILD STUDY TEAM DETERMINATION.

October 31, 1985

AGENCY: *COMMUNITY COVENANT CHURCH CENTRAL STREET HOUSE

ADDRESS: 607 EAST CENTRAL
MISSOULA, MONTANA 59801

PHONE: 542-2411

CONTACT: ALAN STRICKLAND
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

MISSOULA.

AGES SERVED: 21 YEARS AND OLDER (NONSEVERELY HANDICAPPED ONLY).

DISABILITY(IES) SERVED:

MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, SEVERE/PROFOUND MENTALLY RETARDED, MODERATE MENTALLY RETARDED, DEAF AND BLIND, BLIND, DEAF, NONAMBULATORY, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, PHYSICALLY IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

EDUCATION--HOMEBASED, GROUP HOME, RECREATION, RESIDENTIAL FACILITY, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

TRANSPORTATION, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, ADVOCACY.

HOW TO APPLY:

CONTACT PROGRAM DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

THIS PROGRAM HAS NO SET ELIGIBILITY REQUIREMENTS.

EXIT OR GRADUATION CRITERIA:

THE CLIENT DETERMINES WHEN THEY ARE READY TO EXIT.

October 31, 1985

AGENCY: *COMMUNITY NURSING AND REHABILITATION FACILITY

ADDRESS: 2823 FORT MISSOULA ROAD
MISSOULA, MONTANA 59801

PHONE: 728-9162

CONTACT: DANNA MILLER
ADMINISTRATOR

AGENCY TYPE: PRIVATE/FOR PROFIT

COUNTY(IES) SERVED:

MISSOULA.

AGES SERVED: 15 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, DEAF AND BLIND**, DEAF**, BLIND**, NONAMBULATORY**, PHYSICALLY IMPAIRED**, DEVELOPMENTALLY DELAYED, EMOTIONALLY DISTURBED, NEUROLOGICALLY IMPAIRED, LEARNING DISABLED, SEVERE BEHAVIOR PROBLEMS, AUTISTIC-LIKE, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, MENTAL HEALTH, RECREATION, RESIDENTIAL FACILITY, RESPITE CARE, SOCIAL SERVICE/WELFARE, VOCATIONAL REHABILITATION.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, RESPITE CARE, CASE MANAGEMENT, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, ADVOCACY, PROTECTIVE/LEGAL SERVICES.

HOW TO APPLY:

(1) APPLY THROUGH A PHYSICIAN.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) ADMITTED BY A PHYSICIAN.

EXIT OR GRADUATION CRITERIA:

(1) DOCTOR'S (PHYSICIAN'S) ORDER.

October 31, 1985

AGENCY: *COMPREHENSIVE DEVELOPMENT CENTER

ADDRESS: T-14 FORT MISSOULA
MISSOULA, MONTANA 59801

PHONE: 549-6413

CONTACT: CONNIE KALBERG
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

FLATHEAD, LAKE, LINCOLN, MINERAL, MISSOULA, RAVALLI, SANDERS.

AGES SERVED: BIRTH THROUGH 18 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, DEAF AND BLIND**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, PHYSICALLY IMPAIRED**, EMOTIONALLY DISTURBED, NEUROLOGICALLY IMPAIRED, BLIND, DEAF, LEARNING DISABLED, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--HOMEBASED, MEDICAL CLINIC, RESPITE CARE.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, FAMILY THERAPY, PARENT TRAINING, PARENT COUNSELING, ADAPTIVE EQUIPMENT, RESPITE CARE, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, MEDICAL SCREENING, REFERRAL, LIBRARY.

COMMENTS ON PROGRAMS/SERVICES:

FAMILY SERVICES ARE LIMITED TO THE COUNTIES LISTED ABOVE. RESIDENTS OF OTHER COUNTEIS MAY USE THE EVALUATION AND DIAGNOSTIC SERVICES.

HOW TO APPLY:

(1) CONTACT PROGRAM DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) DELAY IS SUSPECTED OR KNOWN.

EXIT OR GRADUATION CRITERIA:

(1) WHEN THE FAMILY IS READY; (2) WHEN INDEPENDENCE IS ACHIEVED TO AN ACCEPTABLE LEVEL; (3) WHEN NO MORE HELP CAN BE PROVIDED.

FEES AND PAYMENT ASSISTANCE:

THERE IS A CHARGE FOR SERVICE. THEY ACCEPT PRIVATE INSURANCE AND MEDICARE/MEDICAID PAYMENTS.

SATELLITE LOCATIONS:

KALISPELL.

October 31, 1985

AGENCY: *CONFEDERATED SALISH & KOOTENAI TRIBES FLATHEAD HEAD START

ADDRESS: BOX 266
ST. IGNATIOUS, MT 59865

PHONE: 745-4509

CONTACT: JEANNE CHRISTOPHER
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

LAKE.

AGES SERVED: 3 THROUGH 5 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, MEDICAL CLINIC.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--PRESCHOOL, MEDICAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT TRAINING, PARENT COUNSELING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, DAY CARE, REFERRAL/FOLLOW-UP SERVICES, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, ADVOCACY.

COMMENTS ON PROGRAMS/SERVICES:

THIS PROGRAM PROVIDES SATELLITE SERVICES IN POLSON, PABLO, RONAN, ST. IGNATIUS, AND ARLEE. IN ADITION, IT OFFERS A SUMMER PROGRAM FOR SPECIAL NEEDS CHILDREN AGES 2 TO 6 YEARS.

HOW TO APPLY:

(1) COMPLETE PREREGISTRATION FORM.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) 3 TO 5 YEARS OLD; (3) INCOME ELIGIBLE; (4) PRIORITY FOR CHILDREN WITH SPECIAL NEEDS AND LOW INCOME FAMILIES.

EXIT OR GRADUATION CRITERIA:

(1) OBSERVATIONS, SKILLS; (2) MUTUAL DECISION BETWEEN PARENTS AND STAFF; (3) AGE.

October 31, 1985

AGENCY: *COONEY CONVALESCENT HOME

ADDRESS: 2555 BROADWAY
HELENA, MONTANA 59601

PHONE: 442-0572

CONTACT: JOAN ASHLEY, R.N.
ADMINISTRATOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

LEWIS & CLARK.

AGES SERVED: 18 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, PHYSICALLY IMPAIRED**, SEVERE/PROFOUND MENTALLY RETARDED, MODERATE MENTALLY RETARDED, MILD MENTALLY RETARDED, NEUROLOGICALLY IMPAIRED, DEAF AND BLIND, BLIND, DEAF, LEARNING DISABLED, NONAMBULATORY, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED, NEUROLOGICALLY IMPAIRED, NONAMBULATORY.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, HOSPITAL, MENTAL HEALTH, RECREATION, RESIDENTIAL FACILITY, RESPITE CARE, SOCIAL SERVICE/WELFARE, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, RECREATION THERAPY, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, RESPITE CARE, CASE MANAGEMENT, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, ADVOCACY, PROTECTIVE/LEGAL SERVICES, OUTREACH SERVICES, REFERRAL.

COMMENTS ON PROGRAMS/SERVICES:

THE MENTALLY RETARDED ARE SERVED ONLY IF THEY MEET NURSING HOME PLACEMENT CRITERIA. THERE ARE NO SPECIAL SERVICES FOR THEM.

HOW TO APPLY:

(1) PHYSICIAN'S REQUEST; (2) MEET ELDERLY CRITERIA.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) CLIENT IS APPROPRIATE FOR NURSING HOME SETTING.

EXIT OR GRADUATION CRITERIA:

(1) DETERMINED THROUGH DISCHARGE MEETINGS AND DOCTOR'S ORDERS.

FEES AND PAYMENT ASSISTANCE:

THE CONVALESCENT HOME USES A VARIABLE FEE SCHEDULE. THEY ACCEPT MEDICARE/MEDICAID PAYMENTS.

October 31, 1985

AGENCY: *COUNTERPOINT, INC.

ADDRESS: P.O. BOX 968
LIVINGSTON, MT 59047

PHONE: 222-2472

CONTACT: ROBERT VISSCHER
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

PARK.

AGES SERVED: 21 YEARS AND OLDER.

DISABILITY(IES) SERVED:

SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, MULTIPLY HANDICAPPED, DEVELOPMENTALLY DELAYED, DEAF, SEVERE BEHAVIOR PROBLEMS, NONAMBULATORY, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED, AUTISTIC-LIKE, PHYSICALLY IMPAIRED.

PROGRAM(S) OFFERED:

DAY TREATMENT, EDUCATION--CLASSROOM, GROUP HOME, RESIDENTIAL FACILITY, SHELTERED WORKSHOP, TRANSPORTATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, RESIDENTIAL ASSESSMENT, HOME AND COMMUNITY LIFE SKILLS TRAINING.

HOW TO APPLY:

(1) REFERRAL FROM COUNTY WELFARE.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) SRS/DDD SCREENING.

EXIT OR GRADUATION CRITERIA:

(1) IHP TEAM DECISION.

October 31, 1985

AGENCY: *CRIME CONTROL BOARD/JUVENILE PROBATION

ADDRESS: 303 NORTH ROBERTS
HELENA, MONTANA 59620

PHONE: 444-3604

CONTACT: STEVE NELSEN
CHIEF, JUVENILE
JUSTICE BUREAU

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: 10 THROUGH 17 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**.

PROGRAM(S) OFFERED:

CORRECTIONAL.

SERVICE(S) TYPICALLY AVAILABLE:

BEHAVIOR THERAPY, FAMILY THERAPY, PARENT TRAINING, PARENT COUNSELING, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA.

HOW TO APPLY:

(1) REFERRAL FROM LAW ENFORCEMENT, PARENT, SCHOOL.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) DEFINED BY STATUTE.

EXIT OR GRADUATION CRITERIA:

(1) JUDGEMENT OF COURT; (2) AGE 18 YEARS.

SATELLITE LOCATIONS:

ANACONDA, BILLINGS, BOULDER, BOZEMAN, BUTTE, CHOTEAU, CUT BANK, DILLON, GLASGOW, GLENDIVE, GREAT FALLS, HAMILTON, HARDIN, HAVRE, KALISPELL, LEWISTOWN, LIBBY, LIVINGSTON, MILES CITY, MISSOULA, PABLO, PHILIPSBURG, POLSON, RED LODGE, ROUNDUP, SHELBY, VIRGINIA CITY, WOLF POINT.

October 31, 1985

AGENCY: *CROW RESERVATION HEAD START

ADDRESS: BOX 249
CROW AGENCY, MT 59022

PHONE: 638-2697

CONTACT: SHARON PEREGOY
DIRECTOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

BIG HORN.

AGES SERVED: 3 THROUGH 5 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

EDUCATION--CLASSROOM, EDUCATION--HOMEBASED.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, FAMILY THERAPY, SELF-HELP TRAINING, PARENT TRAINING, PARENT COUNSELING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, ADVOCACY.

HOW TO APPLY:

CONTACT HEADSTART PROGRAM PERSONNEL.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) 3 TO 5 YEARS OLD; (3) INCOME ELIGIBLE; (4) PRIORITY FOR CHILDREN WITH SPECIAL NEEDS AND LOW INCOME FAMILIES.

EXIT OR GRADUATION CRITERIA:

EXITED WHEN CHILD ATTAINS SCHOOL AGE OR AVAILABILITY OF KINDERGARTEN FACILITIES.

ADDRESS: BOX 130
MILES CITY, MT 59301

PHONE: 232-1035

CONTACT: MILTON BENGE
ADMINISTRATOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

CUSTER.

AGES SERVED: 15 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, NONAMBULATORY**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DAY CARE, RECREATION, RESIDENTIAL FACILITY, RESPITE CARE, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

SOCIAL/RECREATION ACTIVITIES, RESPITE CARE, DAY CARE.

COMMENTS ON PROGRAMS/SERVICES:

IN ADDITION TO SERVING CUSTER COUNTY, THE REST HOME SERVES THE SURROUNDING AREAS.

HOW TO APPLY:

(1) REFERRED BY SOCIAL WORKER, WELFARE, OR COUNTY NURSE; (2) CONTACT REST HOME.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) BE MEDICALLY IN NEED.

EXIT OR GRADUATION CRITERIA:

(1) NO EXIT CRITERIA.

October 31, 1985

AGENCY: *DANIELS MEMORIAL NURSING HOME

ADDRESS: P.O. BOX 400
SCOBEY, MONTANA 59263

PHONE: 487-2296

CONTACT: KYLE KAPSTEAD
ADMINISTRATOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

DANIELS.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MILD MENTALLY RETARDED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, BLIND**, NONAMBULATORY**, PHYSICALLY IMPAIRED**, MODERATE MENTALLY RETARDED, DEAF, LEARNING DISABLED, SEVERE BEHAVIOR PROBLEMS, AUTISTIC-LIKE, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

HOSPITAL, NURSING CARE, RECREATION, RESIDENTIAL FACILITY, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, OCCUPATIONAL THERAPY, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, ADVOCACY.

HOW TO APPLY:

PHYSICIAN REFERRAL.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

MEDICAID OR PRIVATE FUNDING.

EXIT OR GRADUATION CRITERIA:

PHYSICIAN'S ORDERS.

October 31, 1985

AGENCY: *DANIELS/SHERIDAN SPECIAL EDUCATION COOPERATIVE

ADDRESS: 100 EAST LAUREL AVENUE
PLENTYWOOD, MONTANA 59254

PHONE: 765-1803

CONTACT: BOB RICHARDS
SUPERINTENDENT

AGENCY TYPE: SPECIAL EDUCATION COOPERATIVE

COUNTY(IES) SERVED:

DANIELS, SHERIDAN.

AGES SERVED: 6 THROUGH 18 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED.

SERVICE(S) TYPICALLY AVAILABLE:

PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SEX EDUCATION, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, OUTREACH SERVICES.

HOW TO APPLY:

APPLY TO SCHOOL.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

OPI RULES/REGULATIONS.

EXIT OR GRADUATION CRITERIA:

CHILD STUDY TEAM DETERMINATION.

October 31, 1985

AGENCY: *DEVELOPMENTAL EDUCATIONAL ASSISTANCE PROGRAM (DEAP)

ADDRESS: BOX 986
MILES CITY, MT 59301

PHONE: 232-6034

CONTACT: SYLVIA DANFORTH
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

CARTER, CUSTER, DANIELS, DAWSON, FALLON, GARFIELD, MC CONE, PHILLIPS, POWDER RIVER, PRAIRIE, RICHLAND, ROOSEVELT, ROSEBUD, SHERIDAN, TREASURE, VALLEY, WIBAUX.

AGES SERVED: 0 THROUGH 21 YEARS AND DD ADULTS - EVALUATION AND DIAGNOSIS
0 THROUGH 18 YEARS - FAMILY TRAINING

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, NEUROLOGICALLY IMPAIRED**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, PHYSICALLY IMPAIRED**, EMOTIONALLY DISTURBED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

EDUCATION--HOMEBASED, RESPITE CARE, DIAGNOSTIC/EVALUATION, GROUP HOME

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, SELF-HELP TRAINING, PARENT TRAINING, RESPITE CARE, REFERRAL/FOLLOW-UP SERVICES, PRESCHOOL SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, CONSULTATION/TA ADVOCACY, MEDICAL ASSESSMENT.

COMMENTS ON PROGRAMS/SERVICES:

THIS PROGRAM ALSO PROVIDES SCHOOL SCREENINGS. THE PROGRAM PROVIDES ASSISTANCE IN OBTAINING PHYSICAL THERAPY AND OCCUPATIONAL THERAPY SERVICES, AND PROVIDES SOME RANGE OF MOTION EXERCISES AS PRESCRIBED BY A REGISTERED PT OR OT WHO IS WORKING UNDER MEDICAL SUPERVISION.

HOW TO APPLY:

REFERRAL BASIS OR CONTACT PROGRAM DIRECTOR

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) AT RISK, 5 YEARS OF AGE OR UNDER; (2) DEVELOPMENTALLY DISABLED THROUGH AGE 21.

EXIT OR GRADUATION CRITERIA:

(1) REACHED AGE EQUIVALENT; (2) RECEIVING ADEQUATE SERVICES AT SCHOOL; (3) MOVE; (4) WHEN FAMILY IS READY; (5) ON COMPLETION OF EVALUATION AND DIAGNOSIS.

FEES AND PAYMENT ASSISTANCE:

DIAGNOSTIC/EVALUATION PROGRAM OF SERVICE WILL BILL INSURANCE, MEDICARE, MEDICAID, AND PUBLIC ASSISTANCE.

SATELLITE LOCATIONS:

COLSTIP, GLENDIVE.

October 31, 1985

AGENCY: *DILLON SPECIAL RESOURCES (DSR)

ADDRESS: 135 EAST HELENA
DILLON, MONTANA 59725

PHONE: 683-5773

CONTACT: LISA RICKEY
ACTING DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

BEAVERHEAD.

AGES SERVED: 16 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, AUTISTIC-LIKE**, PHYSICALLY IMPAIRED**, EMOTIONALLY DISTURBED, NEUROLOGICALLY IMPAIRED, DEAF, LEARNING DISABLED, SEVERE BEHAVIOR PROBLEMS, NONAMBULATORY, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

GROUP HOME, INDEPENDENT/SEMI-INDEPENDENT LIVING, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

VOCATIONAL ASSESSMENT, ACADEMIC ASSESSMENT, SELF-HELP TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION.

HOW TO APPLY:

REFERRAL BASIS.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

SRS/DDD SCREENING.

EXIT OR GRADUATION CRITERIA:

ASSESSMENT AND IHP TEAM DECISION.

October 31, 1985

AGENCY: *DISTRICT IV HUMAN RESOURCES DEVELOPMENT COUNCIL

ADDRESS: P.O. BOX 1509
HAVRE, MONTANA 59501

PHONE: 265-6743

CONTACT: BILL HEDGES
YOUTH EMPLOYMENT DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

BLAINE, HILL, LIBERTY.

AGES SERVED: 14 THROUGH 21 AND 55 OR OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, PHYSICALLY IMPAIRED**, DEVELOPMENTALLY DELAYED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

ADVOCACY, HUMAN RESOURCE DEVELOPMENT COUNCIL, TRANSPORTATION, WORK ACTIVITIES, YOUTH EMPLOYMENT.

SERVICE(S) TYPICALLY AVAILABLE:

VOCATIONAL ASSESSMENT, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, VOCATIONAL TRAINING, PARENT COUNSELING, TRANSPORTATION, SEX EDUCATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, ADVOCACY, OUTREACH SERVICES, CLIENT COUNSELING, REFERRAL, FOLLOW-ALONG.

HOW TO APPLY:

BE REFERRED OR CONTAC PROGRAM DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) INCOME ELIGIBLE; (2) AGE 16-21 OR AGE 55 YEARS AND OLDER.

EXIT OR GRADUATION CRITERIA:

(1) EMPLOYED; (2) RECEIVING OTHER SERVICES.

October 31, 1985

AGENCY: *DISTRICT VII HUMAN RESOURCES DEVELOPMENT COUNCIL - YOUTH EMPLOYMENT

ADDRESS: P.O. BOX 721
HELENA, MONTANA 59624

PHONE: 442-1552

CONTACT: LINDA GRIEF/SUSAN CONNORS
PROGRAM COORDINATO
FOR YOUTH

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

BROADWATER, JEFFERSON, LEWIS & CLARK.

AGES SERVED: 16 THROUGH 21 YEARS IN SCHOOL.
14 THROUGH 21 YEARS DURING SUMMER.

DISABILITY(IES) SERVED:

MILD MENTALLY RETARDED**, DEAF**, LEARNING DISABLED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**.

PROGRAM(S) OFFERED:

YOUTH EMPLOYMENT.

SERVICE(S) TYPICALLY AVAILABLE:

PREVOCATIONAL TRAINING, CLIENT COUNSELING.

COMMENTS ON PROGRAMS/SERVICES:

THIS PROGRAM IS FUNDED UNDER THE JOB TRAINING PARTNERSHIP ACT. THEY PROVIDE ON THE JOB TRAINING AS WELL AS WORK EXPERIENCE IN THE SUMMER.

HOW TO APPLY:

(1) COMPLETE APPLICATION AT LOCAL OFFICE.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

LOW INCOME PLUS MINORITY, OFFENDER, WELFARE RECIPIENT, FOSTER PLACEMENT, DROPOUT, GROUP HOME MEMBER, OR HANDICAPPED.

EXIT OR GRADUATION CRITERIA:

PLACEMENT IN A WORK SITUATION/ATTAINMENT OF JOB SKILLS.

October 31, 1985

AGENCY: *DISTRICT XII HUMAN RESOURCE DEVELOPMENT COUNCIL

ADDRESS: P.O. BOX 3486
BUTTE, MONTANA 59702

PHONE: 723-5877

CONTACT: YOUTH PROGRAM DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

BEAVERHEAD, DEER LODGE, GRANITE, JEFFERSON, MADISON, POWELL, SILVER BOW.

AGES SERVED: 14 THROUGH 21 YEARS.

DISABILITY(IES) SERVED:

MILD MENTALLY RETARDED**, EMOTIONALLY DISTURBED**, MILD SPEECH/LANGUAGE IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

HUMAN RESOURCE DEVELOPMENT COUNCIL, YOUTH EMPLOYMENT.

SERVICE(S) TYPICALLY AVAILABLE:

VOCATIONAL ASSESSMENT, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, TRANSPORTATION.

COMMENTS ON PROGRAMS/SERVICES:

THE COUNCIL HAS A JOB PLACEMENT PROGRAM AND OFFERS PRESENT EMPLOYMENT TRAINING, WORK EXPERIENCE, PRE-EMPLOYMENT ACTIVITIES, AND JOB TRAINING PLACEMENT IN BOTH THE PUBLIC AND PRIVATE SECTOR. IN ADDITION THEY OFFER THE JTPA YOUTH EMPLOYMENT AND TRAINING PROGRAM.

HOW TO APPLY:

(1) REFERRAL FROM SCHOOL OR COURTS; (2) PROBATION OFFICES, SOCIAL SERVICE AGENCIES, ADVERTISING.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) ECONOMICALLY DISADVANTAGED; (2) SUMMER PROGRAM IS FOR AGES 14 TO 21 YEARS OLD WHO ATTENDED SCHOOL OR A RECENT GRADUATE; (3) SCHOOL YEAR PROGRAM, AGES 16 TO 21 YEARS OLD, IS FOR SENIORS NOT PLANNING TO ATTEND COLLEGE.

EXIT OR GRADUATION CRITERIA:

WHEN THEY OBTAIN YOUTH COMPETENCY OR EMPLOYMENT.

October 31, 1985

AGENCY: *EAGLE MOUNT

ADDRESS: P.O. BOX 3118
BOZEMAN, MONTANA 59772

PHONE: 586-1781

CONTACT: CYNDI FONDA DABNEY
PROGRAM DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

RECREATION.

SERVICE(S) TYPICALLY AVAILABLE:

MEDICAL ASSESSMENT, PARENT TRAINING, PARENT COUNSELING, SOCIAL/RECREATION ACTIVITIES, CONSULTATION/TA.

COMMENTS ON PROGRAMS/SERVICES:

EAGLE MOUNT SPONSORS A SUPPORT GROUP FOR CHILDREN AGES 7 TO 18 AND THEIR PARENTS. IN ADDITION THEY PROVIDE RETREATS FOR CHILDREN AND ADOLESCENTS WITH CANCER AND FOR THEIR PARENTS.

HOW TO APPLY:

CONTACT THE PROGRAM DIRECTOR OR HARRY P. MATHIS, EXECUTIVE DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

THIS PROGRAM HAS NO ELIGIBILITY REQUIREMENTS. EACH CLIENT IS INDIVIDUALLY SCREENED.

EXIT OR GRADUATION CRITERIA:

NO DISCHARGE CRITERIA.

FEES AND PAYMENT ASSISTANCE:

CHARGES ARE VARIABLE WITH A SLIDING-SCALE PAYMENT PLAN. EAGLE MOUNT ACCEPTS INSURANCE AND MEDICARE/MEDICAID PAYMENTS. TALK TO THEM ABOUT AVAILABLE SCHOLARSHIPS THAT MAY HELP DEFRAY COSTS.

October 31, 1985

AGENCY: EARLY CHILDHOOD CENTER

ADDRESS: HOME ECONOMICS DEPT., U OF M
MISSOULA, MONTANA 59812

PHONE: 243-4262

CONTACT: CHRIS ISAACS
DIRECTOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

MISSOULA.

AGES SERVED: 3 THROUGH 5 YEARS (PRIMARILY NONHANDICAPPED)

DISABILITY(IES) SERVED:

MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**.

PROGRAM(S) OFFERED:

EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, FAMILY TRAINING AND SUPPORT.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--PRESCHOOL, BEHAVIOR THERAPY, FAMILY THERAPY, PARENT TRAINING, PARENT COUNSELING, SEX EDUCATION, REFERRAL.

HOW TO APPLY:

(1) CALL THE EARLY CHILDHOOD CENTER @ 243-4262 AND FILL OUT CLIENT APPLICATION; (2) CAN ALSO WRITE TO: EARLY CHILDHOOD CENTER, DEPT OF HOME ECONOMICS, U OF M, MISSOULA, MT 59812.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) CHILD MUST BE 3-5 YEARS OLD; (2) IF MILDLY HANDICAPPED, STAFF WILL MEET WITH PATIENT, OBSERVE CHILD, AND GATHER FORMAL ASSESSMENTS/EVALUATIONS BY CDC IN MISSOULA.

EXIT OR GRADUATION CRITERIA:

(1) MOST CHILDREN GRADUATE WHEN THEY ARE 5 YEARS OLD AND READY TO ENTER KINDERGARTEN; (2) SOME CHILDREN WITH DELAYS REMAIN IN THE ECC UNTIL THEY ARE 6 YEARS OLD.

FEES AND PAYMENT ASSISTANCE:

THE EARLY CHILDHOOD CENTER CHARGES $125 PER QUARTER.

November 5, 1985

AGENCY: *EASTER SEAL ADULT TRAINING CENTER

ADDRESS: 4400 CENTRAL AVENUE
GREAT FALLS, MT 59405

PHONE: 761-3680

CONTACT: PEGGY MATHEWS
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: 16 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, AUTISTIC-LIKE**, LEARNING DISABLED, SEVERE BEHAVIOR PROBLEMS, NONAMBULATORY, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, PHYSICALLY IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

DAY TREATMENT, EDUCATION--CLASSROOM, NURSING CARE, RECREATION, SHELTERED WORKSHOP, TRANSPORTATION, VOCATIONAL REHABILITATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

HEARING ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, BEHAVIOR THERAPY, FAMILY THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, SEX EDUCATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, ADVOCACY, HOME AND COMMUNITY LIFE SKILLS TRAINING, FOLLOW-ALONG.

COMMENTS ON PROGRAMS/SERVICES:

THE CENTER ALSO HAS A CHRONIC PAIN MANAGEMENT PROGRAM AND OFFERS WORK ADJUSTMENT AND JOB PLACEMENT AND CAREER SERVICES.

HOW TO APPLY:

(1) APPLY FOR SERVICES THROUGH REFERRAL OR PERSONAL CONTACT.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

MUST BE DEVELOPMENTALLY DISABLED ACCORDING TO SRS/DDD SCREENING.

EXIT OR GRADUATION CRITERIA:

(1) IHP FOR DEVELOPMENTALLY DISABLED; (2) WORK COMPLETION FOR REHAB CLIENTS.

FEES AND PAYMENT ASSISTANCE:

CHARGES ARE VARIABLE. SOME CHARGES ARE PAID BY THE DEVELOPMENTAL DISABILITIES DIVISION AND SOCIAL AND REHABILITATION SERVICES. THEY ALSO ACCEPT INSURANCE PAYMENTS AND PRIVATE PAY FOR CAREER COUNSELING.

SATELLITE LOCATIONS:

BILLINGS, BOZEMAN, BUTTE, CONRAD, HAVRE, LEWISTOWN.

October 31, 1985

AGENCY: *EASTERN MONTANA COMMUNITY MENTAL HEALTH CENTER

ADDRESS: 1819 MAIN STREET
MILES CITY, MT 59301

PHONE: 232-0234

CONTACT: FRANK LANE
ADMINISTRATIVE DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

CARTER, CUSTER, DANIELS, DAWSON, FALLON, GARFIELD, MC CONE, PHILLIPS, POWDER RIVER, PRAIRIE, RICHLAND, ROOSEVELT, ROSEBUD, TREASURE, VALLEY, WIBAUX.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

EMOTIONALLY DISTURBED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, MENTAL HEALTH.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, BEHAVIOR THERAPY, FAMILY THERAPY, PARENT COUNSELING, CLIENT COUNSELING/PSYCHOTHERAPY, OUTREACH SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

CLINICS: MYELODYSPLASIA, AMPUTEE, PEDIATRIC CARDIOLOGY, AND GENETIC.

HOW TO APPLY:

REFERRAL

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

THIS PROGRAM DOESN'T TURN ANYONE AWAY.

EXIT OR GRADUATION CRITERIA:

EXITED WHEN CLIENT ATTAINS TREATMENT PLAN GOALS. MAY ALSO BE EXITED AFTER CASE MANAGER'S REVIEW.

FEES AND PAYMENT ASSISTANCE:

CHARGES ARE VARIABLE WITH A SLIDING-SCALE PAYMENT PLAN. THE CENTER ACCEPTS INSURANCE AND MEDICARE/MEDICAID PAYMENTS.

November 6, 1985

AGENCY: *EASTERN MONTANA INDUSTRIES

ADDRESS: P.O. BOX 636
MILES CITY, MT 59301

PHONE: 232-3740

CONTACT: DARVIN BROCKWAY
EXECUTIVE DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

CARTER, CUSTER, DAWSON, FALLON, GARFIELD, MC CONE, POWDER RIVER, PRAIRIE, ROSEBUD, WIBAUX.

AGES SERVED: 6 YEARS AND OLDER FOR CHILDREN'S GROUP HOME.
16 YEARS AND OLDER FOR VOCATIONAL PROGRAMS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF**, BLIND**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, DEVELOPMENTALLY DELAYED, LEARNING DISABLED, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, GROUP HOME, INDEPENDENT/SEMI-INDEPENDENT LIVING, RESIDENTIAL FACILITY, TRANSPORTATION, VOCATIONAL REHABILITATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

SPEECH/LANGUAGE ASSESSMENT, VOCATIONAL ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, SEX EDUCATION, CONSULTATION/TA, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION.

HOW TO APPLY:

CLIENTS APPLY THROUGH REFERRAL FROM DDD OR REHABILITATION DIVISION.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

SRS/DDD SCREENING.

EXIT OR GRADUATION CRITERIA:

EXITING PROGRAM DEPENDS ON EACH INDIVIDUAL PROGRAM REQUIREMENTS.

FEES AND PAYMENT ASSISTANCE:

CHARGES ARE VARIABLE. THE DEVELOPMENTAL DISABILITIES DIVISION AND VOCATIONAL REHABILITATION PAY FOR SOME SERVICES. SUPPLEMENTAL SOCIAL SECURITY INCOME PAYS FOR ROOM AND BOARD CHARGES.

SATELLITE LOCATIONS:

MILES CITY.

October 31, 1985

AGENCY: *EASTERN YELLOWSTONE COUNTY SPECIAL EDUCATION COOPERATIVE LOCKWOOD SCHOOL

ADDRESS: 1932 HIGHWAY 87 E., ROUTE 2
BILLINGS, MONTANA 59101

PHONE: 259-0154

CONTACT: PAT MC NEIVE
COOPERATIVE DIRECTOR

AGENCY TYPE: SPECIAL EDUCATION COOPERATIVE

COUNTY(IES) SERVED:

TREASURE, YELLOWSTONE.

AGES SERVED: BIRTH THROUGH 21 YEARS.

DISABILITY(IES) SERVED:

MILD MENTALLY RETARDED**, EMOTIONALLY DISTURBED**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, NONAMBULATORY**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT TRAINING, PREVOCATIONAL TRAINING, CLIENT COUNSELING/PSYCHOTHERAPY, ADAPTIVE EQUIPMENT, TRANSPORTATION, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA.

COMMENTS ON PROGRAMS/SERVICES:

OTHER SERVICES PROVIDED INCLUDE SPECIAL ED. PROGRAM SUPERVISION, A LENDING LIBRARY OF PROFESSIONAL MATERIALS, AND COMPUTER SOFTWARE.

HOW TO APPLY:

(1) CONTACT SCHOOL DISTRICT.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) PUBLIC LAW 94-142; (3) CHILD STUDY TEAM PLACEMENT.

EXIT OR GRADUATION CRITERIA:

(1) CHILD STUDY TEAM DETERMINATION.

October 31, 1985

AGENCY: *EASTMONT HUMAN SERVICES CENTER

ADDRESS: EAST LITTLE STREET
GLENDIVE, MONTANA 59330

PHONE: 365-6001

CONTACT: SYLVIA HAMMER
DIRECTOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, DEAF**, BLIND**, AUTISTIC-LIKE**, NONAMBULATORY**, PHYSICALLY IMPAIRED**, SEVERE BEHAVIOR PROBLEMS, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, RECREATION, RESIDENTIAL FACILITY, TRANSPORTATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

MEDICAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, ADVOCACY, PROTECTIVE/LEGAL SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

EASTMONT IS AN INTERMEDIATE CARE FACILITY FOR MENTALLY RETARDED PERSONS. EASTMONT RESIDENTS PARTICIPATE IN COMMUNITY RECREATIONAL ACTIVITIES INCLUDING MOVIES, BOWLING, DAY CAMP, RESTAURANTS, AND SHOPPING TRIPS. EACH RESIDENT IS EVALUATED ANNUALLY USING THE "EASTMONT ADAPTIVE FUNCTIONING CHECKLIST."

HOW TO APPLY:

SRS/DDD AND SOCIAL WORKER REFERRAL.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

SRS/DDD SCREENING.

EXIT OR GRADUATION CRITERIA:

(1) SCREENING COMMITTEE; IF OPENINGS IN OTHER PROGRAMS.

FEES AND PAYMENT ASSISTANCE:

THERE IS A CHARGE FOR SERVICE WITH A SLIDING-SCALE PAYMENT PLAN. EASTMONT ACCEPTS MEDICARE/MEDICAID PAYMENTS.

October 31, 1985

AGENCY: *EDUCATION SPECIALISTS CONSORTIUM

ADDRESS: BOX 176
BOULDER, MONTANA 59632

PHONE: 225-3316

CONTACT: ROBERT LAUMEYER
FISCAL AGENT

AGENCY TYPE: SPECIAL EDUCATION COOPERATIVE

COUNTY(IES) SERVED:

BROADWATER, JEFFERSON, MEAGHER.

AGES SERVED: 5 THROUGH 18 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED.

SERVICE(S) TYPICALLY AVAILABLE:

VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, FAMILY THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, SEX EDUCATION, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA.

HOW TO APPLY:

SCHOOL REGISTRATION.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) PUBLIC LAW 94-142; (3) CHILD STUDY TEAM PLACEMENT.

EXIT OR GRADUATION CRITERIA:

(1) 19 YEARS OLD; (2) CHILD STUDY TEAM DECISION.

October 31, 1985

AGENCY: *EVERGREEN SCHOOL COOPERATIVE

ADDRESS: 232 PHEASANT DRIVE
KALISPELL, MONTANA 59901

PHONE: 752-0101

CONTACT: CLAUDIA POTTS
SPECIAL EDUCATION
DIRECTOR

AGENCY TYPE: SPECIAL EDUCATION COOPERATIVE

COUNTY(IES) SERVED:

FLATHEAD, LAKE.

AGES SERVED: 3 THROUGH 21 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, PHYSICAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PREVOCATIONAL TRAINING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, SEX EDUCATION, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, OUTREACH SERVICES.

HOW TO APPLY:

CONTACT DIRECTOR OR GO THROUGH THE PRINCIPLE OF EACH SCHOOL.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) PUBLIC LAW 94-142; (3) CHILD STUDY TEAM PLACEMENT.

EXIT OR GRADUATION CRITERIA:

CHILD STUDY TEAMS DETERMINE WHEN READY TO EXIT BASED ON IEP.

October 31, 1985

AGENCY: *FAITH LUTHERAN HOME

ADDRESS: 1000 SIXTH AVENUE NORTH
WOLF POINT, MT 59201

PHONE: 653-1400

CONTACT: MONICA MATSON
ADMINISTRATOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

ROOSEVELT.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, PHYSICALLY IMPAIRED**, MODERATE MENTALLY RETARDED, MILD MENTALLY RETARDED, EMOTIONALLY DISTURBED, LEARNING DISABLED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

RESIDENTIAL FACILITY.

SERVICE(S) TYPICALLY AVAILABLE:

DIETARY/NUTRITION ASSESSMENT, PHYSICAL THERAPY, RECREATION THERAPY, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION.

HOW TO APPLY:

(1) CONTACT REST HOME.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) LONG-TERM NURSING CARE NEEDED.

EXIT OR GRADUATION CRITERIA:

(1) PATIENT CARE PLAN; (2) ABILITY TO LIVE INDEPENDENTLY.

October 31, 1985

AGENCY: *FALLON MEMORIAL NURSING HOME

ADDRESS: 320 WEST HOSPITAL DRIVE
BAKER, MONTANA 59313

PHONE: 778-3331

CONTACT: MARLYS SUSA
DIRECTOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

FALLON.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, HOSPITAL, MEDICAL CLINIC, RESIDENTIAL FACILITY, TRANSPORTATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

TRANSPORTATION, SPECIALIZED DIETARY/NUTRITIONAL SERVICES.

HOW TO APPLY:

(1) CONTACT DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

THIS PROGRAM HAS NO ELIGIBILITY REQUIREMENTS.

EXIT OR GRADUATION CRITERIA:

(1) NO EXIT REQUIREMENTS.

October 31, 1985

AGENCY: *FAMILY OUTREACH, INC.

ADDRESS: 825 HELENA AVENUE
HELENA, MONTANA 59601

PHONE: 443-7370

CONTACT: TED MALONEY
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

BEAVERHEAD, BROADWATER, DEER LODGE, GALLATIN, GRANITE, JEFFERSON, LEWIS & CLARK, MADISON, MEAGHER, PARK, POWELL, SILVER BOW.

AGES SERVED: NO AGE LIMIT FOR RESPITE SERVICES.
BIRTH THROUGH 18 YEARS FOR FAMILY TRAINING SERVICES.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, EMOTIONALLY DISTURBED, BLIND, DEAF, LEARNING DISABLED, SEVERE BEHAVIOR PROBLEMS.

PROGRAM(S) OFFERED:

EDUCATION--HOMEBASED, FAMILY TRAINING AND SUPPORT, RESPITE CARE.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, INTELLIGENCE/COGNITIVE ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, BEHAVIOR THERAPY, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PARENT TRAINING, PREVOCATIONAL TRAINING, PARENT COUNSELING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, SEX EDUCATION, RESPITE CARE, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, ADVOCACY, OUTREACH SERVICES.

HOW TO APPLY:

(1) COMPLETE APPLICATION FORM.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

FAMILY TRAINING SERVICES: (1) AGES 0-6 YEARS, CHILD AT RISK OR DEVELOPMENTALLY DISABLED; (2) AGES 6-18 YEARS, DETERMINED DEVELOPMENTALLY DISABLED BY STATE DEFINITION. RESPITE SERVICES: NO AGE LIMIT AND DETERMINED DEVELOPMENTALLY DISABLED BY STATE DEFINITION.

EXIT OR GRADUATION CRITERIA:

(1) AGE; (2) PARENT REQUEST; (3) FAMILY TRAINER DETERMINES CLIENT HAS ACHIEVED GOALS AND CAN BE INDEPENDENT.

SATELLITE LOCATIONS:

BOZEMAN, BUTTE.

October 31, 1985

AGENCY: *FLATHEAD COUNTY RURAL SPECIAL EDUCATION COOPERATIVE

ADDRESS: 723 5TH AVENUE EAST, ROOM 116
KALISPELL, MT 59901

PHONE: 755-5300

CONTACT: JOHN COPENHAVER

AGENCY TYPE: SPECIAL EDUCATION COOPERATIVE

COUNTY(IES) SERVED:

FLATHEAD.

AGES SERVED: BIRTH THROUGH 14 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT COUNSELING, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA.

COMMENTS ON PROGRAMS/SERVICES:

THE COOP SERVES PRESCHOOL THROUGH EIGHTH GRADE. SEVERE HANDICAPS ARE SERVED IN THE KALISPELL DISTRICT 5 PROGRAM. THE HEARING PROGRAM EXTENDS INTO LINCOLN AND LAKE COUNTIES.

HOW TO APPLY:

(1) APPLICANTS ARE ACCEPTED ON A REFERRAL BASIS.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) PUBLIC LAW 94-142; (3) CHILD STUDY TEAM PLACEMENT.

EXIT OR GRADUATION CRITERIA:

(1) MEETING GOALS ESTABLISHED IN INDIVIDUAL EDUCATION PLAN.

October 31, 1985

AGENCY: *FLATHEAD INDUSTRIES FOR THE HANDICAPPED

ADDRESS: 305 THIRD AVENUE EAST
KALISPELL, MONTANA 59901

PHONE: 755-7656

CONTACT: JEAN C. MEYERS
ASSOCIATE DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

FLATHEAD.

AGES SERVED: 5 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, AUTISTIC-LIKE**, NONAMBULATORY**, DEVELOPMENTALLY DELAYED, EMOTIONALLY DISTURBED, NEUROLOGICALLY IMPAIRED, BLIND, DEAF, LEARNING DISABLED, SEVERE BEHAVIOR PROBLEMS, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, PHYSICALLY IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

EDUCATION--CLASSROOM, GROUP HOME, INDEPENDENT/SEMI-INDEPENDENT LIVING, RECREATION, RESPITE CARE, SHELTERED WORKSHOP, VOCATIONAL REHABILITATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

VOCATIONAL ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, BEHAVIOR THERAPY, RECREATION THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, SOCIAL/RECREATION ACTIVITIES, SEX EDUCATION, RESPITE CARE, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION, RESIDENTIAL ASSESSMENT, HOME AND COMMUNITY LIFE SKILLS TRAINING, FOLLOW-ALONG.

COMMENTS ON PROGRAMS/SERVICES:

BESIDES SERVING FLATHEAD COUNTY, FLATHEAD INDUSTRIES SERVES WESTERN MONTANA. LEARNING DISABLED ARE SERVED ONLY IN THE REHABILITATION PROGRAM, WHICH INCLUDES EXTENDED EMPLOYMENT, VOCATIONAL EVALUATIONS, JOB PLACEMENT, AND WORK ADJUSTMENT. MULTIPLY HANDICAPPED ARE SERVED ONLY IN THE CHILDREN'S GROUP HOME. AN ADDITIONAL SERVICE IS THE FARM HOME PROJECT CONNECTED WITH THE GROUP HOME FOR THE ELDERLY.

HOW TO APPLY:

(1) REFERRAL FROM SOCIAL WORKER, SPEC. ED. TEACHER, STATEWIDE REFERRAL.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) SRS/DDD SCREENING; (2) IN HOUSE PROGRAM REQUIREMENTS.

EXIT OR GRADUATION CRITERIA:

(1) TEAM DECISION; (2) EXIT CRITERIA FOR EACH PROGRAM.

FEES AND PAYMENT ASSISTANCE:

THERE IS A CHARGE FOR SERVICE. FLATHEAD INDUSTRIES ACCEPTS MEDICARE/MEDICAID PAYMENTS, MONTANA SRS AND REHABILITATION/D.D. DIVISION PAYMENTS AND SSI/SSA PAYMENTS.

October 31, 1985

AGENCY: *FLATHEAD INDUSTRIES FOR THE HANDICAPPED SUMMER CAMP

ADDRESS: 305 3RD AVE. E.
KALISPELL, MT 59901

PHONE: 755-7656

CONTACT: BOB BLAKEY
RECREATIONAL SPECIALIST

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

FLATHEAD, STATEWIDE.

AGES SERVED: 18 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, SEVERE BEHAVIOR PROBLEMS**, NONAMBULATORY**, EMOTIONALLY DISTURBED, NEUROLOGICALLY IMPAIRED, BLIND, DEAF, LEARNING DISABLED, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, PHYSICALLY IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

RECREATION.

SERVICE(S) TYPICALLY AVAILABLE:

RECREATION THERAPY, SELF-HELP TRAINING, TRANSPORTATION, SPECIALIZED DIETARY/NUTRITIONAL SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

THIS CAMP IS HELD AT BITTERROOT LAKE, MARION, MT. THE CAMPS ARE HELD THE THIRD WEEK IN AUGUST. TRANSPORTATION IS PROVIDED FROM KALISPELL TO CAMPSITE AND RETURN.

HOW TO APPLY:

CONTACT BOB BLAKEY OR THE PROGRAM DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) 18 AND ABOVE; (2) SRS/DD CRITERIA; (3) AND MAY NEED OWN ATTENDANT CARE OR SUPERVISION, DEPENDING ON NUMBER OF PARTICIPANTS.

EXIT OR GRADUATION CRITERIA:

(1) THERE ARE NO EXIT REQUIREMENTS.

FEES AND PAYMENT ASSISTANCE:

THERE IS A CHARGE FOR SERVICES. SOME CHARGES ARE PAID BY SOCIAL AND REHABILITATION SERVICES.

October 31, 1985

AGENCY: *FORT PECK TRIBES PROJECT HEAD START

ADDRESS: P.O. BOX 1599
POPLAR, MONTANA 59255

PHONE: 768-5155

CONTACT: VIOLA WOOD
DIRECTOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

ROOSEVELT, VALLEY.

AGES SERVED: 3 THROUGH 5 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

EDUCATION--CLASSROOM, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

SPEECH/LANGUAGE ASSESSMENT, ACADEMIC ASSESSMENT, SPEECH/LANGUAGE THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT TRAINING, TRANSPORTATION.

COMMENTS ON PROGRAMS/SERVICES:

ADDITIONAL STAFF INCLUDES HOME/SCHOOL NUTRITION COORDINATOR, A C.D.A. EDUCATION COORDINATOR, AND A PARENT INVOLVEMENT/ SOCIAL SERVICES COORDINATOR."

HOW TO APPLY:

(1) REFERRAL BASIS; (2) RECRUITMENT CAMPAIGN.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) 3 TO 5 YEARS OLD; (3) INCOME ELIGIBLE; (4) PRIORITY FOR CHILDREN WITH SPECIAL NEEDS AND LOW INCOME FAMILIES.

EXIT OR GRADUATION CRITERIA:

(1) AGE 5 YEARS; (2) GRADUATE TO SCHOOL PROGRAM.

October 31, 1985

AGENCY: *FRIENDSHIP VILLA

ADDRESS: ROUTE 2, BOX 3001
MILES CITY, MT 59301

PHONE: 232-2687

CONTACT: JEFF PIPER
DIRECTOR

AGENCY TYPE: PRIVATE/FOR PROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

RESIDENTIAL FACILITY.

SERVICE(S) TYPICALLY AVAILABLE:

MEDICAL ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, SELF-HELP TRAINING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, ADVOCACY.

COMMENTS ON PROGRAMS/SERVICES:

RESPIRATORY THERAPY IS ANOTHER TYPICAL SERVICE AVAILABLE TO CLIENTS.

HOW TO APPLY:

CONTACT PROGRAM DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) PHYSICIAN REFERRAL; (2) ASSESSMENT AT CARE-PLANNING MEETING.

EXIT OR GRADUATION CRITERIA:

TEAM DECISION WITH PHYSICIAN.

October 31, 1985

AGENCY: *GALLATIN ADVOCACY PROGRAM

ADDRESS: 115 WEST KAGY BLVD.
BOZEMAN, MONTANA 59715

PHONE: 587-9490

CONTACT: KATE WALDO
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

GALLATIN.

AGES SERVED: 18 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, AUTISTIC-LIKE**, PHYSICALLY IMPAIRED**, EMOTIONALLY DISTURBED, BLIND, DEAF, LEARNING DISABLED, SEVERE BEHAVIOR PROBLEMS, NONAMBULATORY, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

ADVOCACY.

SERVICE(S) TYPICALLY AVAILABLE:

REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, ADVOCACY, PROTECTIVE/LEGAL SERVICES, OUTREACH SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

SPONSORS PROGRAM TO TRAIN VOLUNTEERS AND EDUCATE THE PUBLIC ON THE RIGHTS AND NEEDS OF THE HANDICAPPED.

HOW TO APPLY:

(1) CALL OR WRITE PROGRAM; (2) REFERRAL FROM SPECIAL EDUCATION PROGRAMS, AGENCIES, ETC.; (3) ON REQUEST.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

SRS/DDD SCREENING.

EXIT OR GRADUATION CRITERIA:

WHEN THE AGENCY'S SERVICES ARE NO LONGER NEEDED.

October 31, 1985

AGENCY: *GALLATIN COUNTY REST HOME

ADDRESS: 1221 WEST DURSTON ROAD
BOZEMAN, MONTANA 59715

PHONE: 587-5108

CONTACT: JIM STADY
ADMINISTRATOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF**, BLIND**, LEARNING DISABLED**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

RECREATION, RESIDENTIAL FACILITY, SOCIAL SERVICE/WELFARE, VOCATIONAL REHABILITATION.

SERVICE(S) TYPICALLY AVAILABLE:

DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, REHABILITATION/HABILITATION TRAINING, SPECIALIZED DIETARY/NUTRITIONAL SERVICES.

HOW TO APPLY:

CONTACT THE ADMINISTRATOR OR THE DIRECTOR OF NURSES.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) PHYSICIAN REFERRAL; (2) HOSPITAL REFERRAL; (3) SRS REFERRAL.

EXIT OR GRADUATION CRITERIA:

PHYSICIAN'S ORDERS.

FEES AND PAYMENT ASSISTANCE:

THERE IS A CHARGE FOR SERVICES. THE REST HOME ACCEPTS INSURANCE AND MEDICARE/MEDICAID PAYMENTS.

October 31, 1985

AGENCY: *GALLATIN/MADISON COOPERATIVE

ADDRESS: P.O. BOX 162
BELGRADE, MONTANA 59714

PHONE: 388-6508

CONTACT: LARRY HOLMQUIST
SPECIAL EDUCATION
DIRECTOR

AGENCY TYPE: SPECIAL EDUCATION COOPERATIVE

COUNTY(IES) SERVED:

GALLATIN, MADISON.

AGES SERVED: 3 THROUGH 21 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PREVOCATIONAL TRAINING, TRANSPORTATION, SEX EDUCATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA.

HOW TO APPLY:

(1) CONTACT LOCAL SCHOOL ADMINISTRATOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) PUBLIC LAW 94-142; (3) CHILD STUDY TEAM PLACEMENT.

EXIT OR GRADUATION CRITERIA:

(1) ADEQUATE PERFORMANCE IN REGULAR CLASSROOM; (2) AGE.

October 31, 1985

AGENCY: *GLACIER COUNTY MEDICAL CENTER

ADDRESS: 2ND STREET S.E.
CUT BANK, MONTANA 59427

PHONE: 873-2251

CONTACT: GERALD E. HUGHES
ADMINISTRATOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

CASCADE, GLACIER, TOOLE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

RECREATION, RESIDENTIAL FACILITY, RESPITE CARE.

SERVICE(S) TYPICALLY AVAILABLE:

MEDICAL ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, PHYSICAL THERAPY, SELF-HELP TRAINING, RESPITE CARE, CONSULTATION/TA.

HOW TO APPLY:

CONTACT THE NURSING HOME ADMINISTRATOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

NO ELIGIBILITY REQUIREMENTS.

EXIT OR GRADUATION CRITERIA:

PATIENT CARE PLANNING COMMITTEE.

October 31, 1985

AGENCY: *GLENDEEN NURSING HOME

ADDRESS: 4001 ROSEBUD LANE
BILLINGS, MONTANA 59101

PHONE: 252-6135

CONTACT: ROBERT P. GILSTRAP
ADMINISTRATOR

AGENCY TYPE: PRIVATE/FOR PROFIT

COUNTY(IES) SERVED:

YELLOWSTONE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

INDEPENDENT/TRANSITIONAL LIVING, NURSING CARE, RESIDENTIAL FACILITY.

SERVICE(S) TYPICALLY AVAILABLE:

MEDICAL ASSESSMENT, DENTAL ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, SELF-HELP TRAINING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, SPECIALIZED DIETARY/NUTRITIONAL SERVICES.

HOW TO APPLY:

(1) PHYSICIAN'S ORDERS.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) IN NEED OF LONG-TERM NURSING CARE OR SHORT-TERM SPECIAL REHABILITATION SERVICE CARE; (2) FREE OF TB; (3) PHYSICIAN'S ORDERS.

EXIT OR GRADUATION CRITERIA:

(1) DOCTOR ORDERS DISMISSAL.

October 31, 1985

AGENCY: *GLENDIVE SCHOOL DISTRICT

ADDRESS: BOX 701
GLENDIVE, MONTANA 59330

PHONE: 365-5377

CONTACT: SANDRA SCOTT
SPECIAL SERVICES
DIRECTOR

AGENCY TYPE: PUBLIC SCHOOL

COUNTY(IES) SERVED:

DAWSON.

AGES SERVED: 3 THROUGH 21 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DAY TREATMENT, DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, RECREATION, TRANSPORTATION, WORK ACTIVITIES, YOUTH EMPLOYMENT.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PREVOCATIONAL TRAINING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, SEX EDUCATION, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, ADVOCACY, CLIENT COUNSELING, HOME AND COMMUNITY LIFE SKILLS TRAINING.

COMMENTS ON PROGRAMS/SERVICES:

THE SCHOOL DISTRICT ALSO PROVIDES A HIGH SCHOOL WORK STUDY PROGRAM.

HOW TO APPLY:

CONTACT THE SCHOOL DISTRICT OFFICE.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

ELIGIBILITY DETERMINED THROUGH REFERRAL SYSTEM AND CHILD STUDY TEAM DETERMINATION.

EXIT OR GRADUATION CRITERIA:

THE STUDENT MUST MEET GRADUATION REQUIREMENTS STANDARDS, UNLESS OTHERWISE NOTED IN THE STUDENT'S IEP. IF EXEMPTED, THE STUDENT MUST MEET THE REQUIREMENTS SET FORTH BY IEP MEMBERS.

FEES AND PAYMENT ASSISTANCE:

THE DISTRICT CHARGES THE STUDENT'S DISTRICT REGULAR TUITION FOR OUT-OF-DISTRICT STUDENTS.

October 31, 1985

AGENCY: *GLENWOOD, INC.

ADDRESS: 202 EAST FIRST AVENUE
PLENTYWOOD, MT 59254

PHONE: 765-2040

CONTACT: LAUREL TAYLOR
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: 16 YEARS AND OLDER.

DISABILITY(IES) SERVED:

SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, MULTIPLY HANDICAPPED, MILD MENTALLY RETARDED, EMOTIONALLY DISTURBED, DEAF AND BLIND, SEVERE BEHAVIOR PROBLEMS, AUTISTIC-LIKE, MILD SPEECH/LANGUAGE IMPAIRED, PHYSICALLY IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

DAY TREATMENT, EDUCATION--CLASSROOM, GROUP HOME, INDEPENDENT/SEMI-INDEPENDENT LIVING, RECREATION, RESIDENTIAL FACILITY, TRANSPORTATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

VOCATIONAL ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PREVOCATIONAL TRAINING, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION.

HOW TO APPLY:

SOCIAL WORKER REFERRAL.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

SRS/DDD SCREENING.

EXIT OR GRADUATION CRITERIA:

(1) IHP TEAM MEETING; (2) EMPLOYED FULLTIME.

October 31, 1985

AGENCY: *GOLDEN TRIANGLE COMMUNITY MENTAL HEALTH CENTER

ADDRESS: P.O. BOX 3048
GREAT FALLS, MT 59403

PHONE: 761-2100

CONTACT: DICK HRUSKA
CENTER DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

BLAINE, CASCADE, GLACIER, HILL, LIBERTY, PONDERA, TETON, TOOLE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

EMOTIONALLY DISTURBED**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NEUROLOGICALLY IMPAIRED, BLIND, DEAF.

PROGRAM(S) OFFERED:

DAY TREATMENT, DIAGNOSTIC/EVALUATION, FAMILY TRAINING AND SUPPORT, GROUP HOME, HOSPITAL, INDEPENDENT/SEMI-INDEPENDENT LIVING, INDEPENDENT/TRANSITIONAL LIVING, MENTAL HEALTH, RECREATION, RESIDENTIAL FACILITY, VOCATIONAL REHABILITATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, BEHAVIOR THERAPY, RECREATION THERAPY, FAMILY THERAPY, PARENT TRAINING, PREVOCATIONAL TRAINING, PARENT COUNSELING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, SEX EDUCATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION, OUTREACH SERVICES, CLIENT COUNSELING, REFERRAL, LIBRARY, HOME AND COMMUNITY LIFE SKILLS TRAINING.

COMMENTS ON PROGRAMS/SERVICES:

THE MENTAL HEALTH CENTER RESERVES HOSPITAL BEDS AT LOCAL HOSPITALS FOR INPATIENT SERVICES AS NEEDED. SERVICES TO DEAF, BLIND, DEAF AND BLIND, AND LEARNING DISABLED POPULATIONS ARE FOR EVALUATIONS ONLY. SERVICES ARE ALSO AVAILABLE FOR PHYSICAL, SEXUAL, AND EMOTIONAL CHILD ABUSE.

HOW TO APPLY:

APPLY THROUGH PERSONAL CONTACT OR REFERRAL.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

THERE ARE NO ELIGIBILITY REQUIREMENTS.

EXIT OR GRADUATION CRITERIA:

EXITED WHEN CLIENT ACHIEVES SATISFACTORY PSYCHOLOGICAL AND SOCIAL

ADJUSTMENT.

FEES AND PAYMENT ASSISTANCE:

CHARGES ARE VARIABLE WITH A SLIDING-SCALE PAYMENT PLAN. THEY ACCEPT INSURANCE AND MEDICARE/MEDICAID PAYMENTS.

SATELLITE LOCATIONS:

CHESTER, CHINOOK, CHOTEAU, CONRAD, CUT BANK, HAVRE, SHELBY.

October 31, 1985

AGENCY: *GRANITE COUNTY MEMORIAL HOSPITAL AND NURSING HOME

ADDRESS: BOX 729
PHILIPSBURG, MT 59858

PHONE: 859-3271

CONTACT: MIKE KAHOE
DIRECTOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

GRANITE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, NEUROLOGICALLY IMPAIRED**, DEAF**, BLIND**, NONAMBULATORY**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, MULTIPLY HANDICAPPED, SEVERE/PROFOUND MENTALLY RETARDED, EMOTIONALLY DISTURBED, DEAF AND BLIND, LEARNING DISABLED, SEVERE BEHAVIOR PROBLEMS, AUTISTIC-LIKE, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED.

PROGRAM(S) OFFERED:

DAY CARE, HOSPITAL, RESIDENTIAL FACILITY, RESPITE CARE.

SERVICE(S) TYPICALLY AVAILABLE:

MEDICAL ASSESSMENT, DENTAL ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, PHYSICAL THERAPY, SOCIAL/RECREATION ACTIVITIES, RESPITE CARE, DAY CARE, SPECIALIZED DIETARY/NUTRITIONAL SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

THE NURSING HOME SERVES THE AREAS SURROUNDING GRANITE COUNTY.

HOW TO APPLY:

CONTACT PROGRAM DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) PHYSICIAN OR FAMILY REFERRAL; (2) RESULTS OF INTERVIEW AND ASSESSMENT; (3) DAY CARE SERVICES PROVIDED TO ADULTS, 21 YEARS AND OLDER.

EXIT OR GRADUATION CRITERIA:

(1) PATIENT CARE PLAN; (2) DISCHARGE PLANNING AS SHOWN BY FULFILLING OBJECTIVES.

FEES AND PAYMENT ASSISTANCE:

CHARGES FOR THE HOSPITAL ARE BASED ON A VARIABLE FEE SCHEDULE WHILE CHARGES FOR THE NURSING HOME ARE $56 PER DAY. THEY ACCEPT INSURANCE AND MEDICARE/MEDICAID PAYMENTS.

October 31, 1985

AGENCY: GREAT FALLS CEREBRAL PALSY ASSOCIATION

ADDRESS: 1109 FIRST AVENUE SOUTH
GREAT FALLS, MT 59405

PHONE: 452-7056

CONTACT: KIT BLUE
SECRETARY & DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: 12 YEARS AND OLDER
BIRTH THROUGH 18 YEARS AT THE DIAGNOSTIC CENTER.

PROGRAM(S) OFFERED:

ADVOCACY, DIAGNOSTIC/EVALUATION, RECREATION.

SERVICE(S) TYPICALLY AVAILABLE:

RECREATION THERAPY, SOCIAL/RECREATION ACTIVITIES, SPECIALIZED DIETARY/NUTRITIONAL SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

THE ST. THOMAS OPTIMIST YOUTH CAMP IS LOCATED 2 MILES EAST OF MONARCH. THE CAMPS ARE HELD IN AUGUST, BUT TIMES MAY VARY.

HOW TO APPLY:

(1) CONTACT PROGRAM DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) HANDICAPPED EXCEPT FOR AIDES AND STAFF; (2) CLIENTS MUST PAY A $20 FEE; (3) ELIGIBILITY IS DETERMINED ON AN INDIVIDUAL BASIS--SOME PERSONS MAY BE REQUIRED TO PROVIDE THEIR OWN ATTENDANTS. COSTS MAY CHANGE.

EXIT OR GRADUATION CRITERIA:

(1) THERE ARE NO EXIT REQUIREMENTS.

October 31, 1985

AGENCY: *GROWTH THRU ART

ADDRESS: BOX 143
BILLINGS, MT 59103

PHONE: 252-8836

CONTACT: BARBARA FISHER
EXECUTIVE DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

YELLOWSTONE.

AGES SERVED: 17 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, DEAF**, LEARNING DISABLED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, OTHER HEALTH IMPAIRED**, BLIND, NONAMBULATORY, SEVERE SPEECH/LANGUAGE IMPAIRED.

PROGRAM(S) OFFERED:

ART THERAPY APPROACH.

SERVICE(S) TYPICALLY AVAILABLE:

MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, FAMILY THERAPY, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, VOCATIONAL TRAINING, GENETIC COUNSELING, PARENT COUNSELING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, SEX EDUCATION, RESPITE CARE, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION, ADVOCACY, PROTECTIVE/LEGAL SERVICES, OUTREACH SERVICES, CLIENT COUNSELING.

COMMENTS ON PROGRAMS/SERVICES:

THE PROGRAM ALSO SERVES THOSE WHO ARE DISABLED BECAUSE OF THE AGING PROCESS. GROWTH THRU ART OPERATES THE PEOPLE'S GALLERY AT THE BILLINGS SHERATON.

HOW TO APPLY:

SUBMIT RESUME OR APPLICATION. AS SPACE BECOMES AVAILABLE THE APPLICANT MAY BE CONTACTED OR THE SPACE MAY BE LOCALLY ADVERTISED.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

THE PERSON MUST BE DISABLED AND 17 YEARS OF AGE OR OLDER.

EXIT OR GRADUATION CRITERIA:

EXIT OR GRADUATION DEPENTS ON HOW WELL THE GOALS ORIGINALLY SET BY THE CLIENT HAVE BEEN MET.

FEES AND PAYMENT ASSISTANCE:

GROWTH THRU ART CHARGES $75/MONTH TUITION WITH A SLIDING-SCALE PAYMENT PLAN. TALK TO THEM ABOUT GRANTS-IN-AID, DONATIONS, OR SCHOLARSHIPS THAT MAY BE AVAILABLE TO HELP DEFRAY COSTS.

October 31, 1985

AGENCY: *HARLEM REST HOME

ADDRESS: HARLEM, MONTANA 59526

PHONE: 353-2421

CONTACT: A.J. FUZESY, R.N.
DIRECTOR

AGENCY TYPE: PRIVATE/FOR PROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, FAMILY TRAINING AND SUPPORT, LIBRARY, NURSING CARE, RECREATION, RESIDENTIAL FACILITY, RESPITE CARE, SOCIAL SERVICE, SOCIAL SERVICE/WELFARE, SPECIALLY CONSTRUCTED CLOTHING, TRANSPORTATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, RECREATION THERAPY, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, RESPITE CARE, REFERRAL/FOLLOW-UP SERVICES, SPECIALIZED DIETARY/NUTRITIONAL SERVICES.

HOW TO APPLY:

CONTACT PROGRAM DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

THIS PROGRAM HAS NO ELIGIBILITY REQUIREMENTS.

EXIT OR GRADUATION CRITERIA:

(1) DISCHARGE PLANNING COMMITTEE.

October 31, 1985

AGENCY: *HAVRE DAY ACTIVITY CENTER, INC.

ADDRESS: BOX 1847
HAVRE, MONTANA 59501

PHONE: 265-5506

CONTACT: GARY NIMMICK
EXECUTIVE DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

HILL.

AGES SERVED: 18 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, MULTIPLY HANDICAPPED, SEVERE/PROFOUND MENTALLY RETARDED, EMOTIONALLY DISTURBED, SEVERE BEHAVIOR PROBLEMS.

PROGRAM(S) OFFERED:

EDUCATION--CLASSROOM, GROUP HOME, INDEPENDENT/SEMI-INDEPENDENT LIVING, RESIDENTIAL FACILITY, TRANSPORTATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION.

HOW TO APPLY:

(1) CONTACT DIRECTOR OR COUNTY WELFARE SOCIAL WORKER.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) 18 YEARS AND UP; (2) SRS/DDD SCREENING. (3) DETERMINED TO BE DEVELOPMENTALLY DISABLED.

EXIT OR GRADUATION CRITERIA:

(1) FULFILL REQUIREMENTS OF PROGRAM; (2) IHP MEETING.

October 31, 1985

AGENCY: *HAVRE PUBLIC SCHOOLS

ADDRESS: BOX 7791
HAVRE, MONTANA 59501

PHONE: 265-4356

CONTACT: RHODA JAMRUSZKA
SPECIAL EDUCATION
COORDINATOR

AGENCY TYPE: PUBLIC SCHOOL

COUNTY(IES) SERVED:

HILL.

AGES SERVED: 3 THROUGH 18 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, LEARNING DISABLED**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, AUTISTIC-LIKE, DEAF, MILD SPEECH/LANGUAGE IMPAIRED.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, LIBRARY, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, PHYSICAL THERAPY, SPEECH/LANGUAGE THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, PARENT COUNSELING, TRANSPORTATION, SEX EDUCATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CLIENT COUNSELING, HOME AND COMMUNITY LIFE SKILLS TRAINING.

HOW TO APPLY:

REFERRAL BASIS OR DIRECT CONTACT.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) CHILD STUDY TEAM.

EXIT OR GRADUATION CRITERIA:

CHILD STUDY TEAM DETERMINATION.

FEES AND PAYMENT ASSISTANCE:

HAVRE PUBLIC SCHOOLS CHARGES TUITION FOR OUT-OF-DISTRICT STUDENTS. THE TUITION IS PAID BY THE HOME SCHOOL DISTRICT.

October 31, 1985

AGENCY: *HEAD START (GREAT FALLS)

ADDRESS: P.O. BOX 2289
GREAT FALLS, MT 59403

PHONE: 453-5415

CONTACT: PAT ROBERTS
ASSISTANT DIRECTOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

CASCADE.

AGES SERVED: 3 THROUGH 5 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DAY CARE, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--PRESCHOOL, MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT TRAINING, GENETIC COUNSELING, PARENT COUNSELING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, DAY CARE, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, ADVOCACY, OUTREACH SERVICES.

HOW TO APPLY:

ON A REFERRAL BASIS OR CALL DIRECT.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) 3 TO 5 YEARS OLD; (3) INCOME ELIGIBLE; (4) PRIORITY FOR CHILDREN WITH SPECIAL NEEDS AND LOW INCOME FAMILIES.

EXIT OR GRADUATION CRITERIA:

(1) MEET IEP GOALS; (2) 6 YEARS OF AGE.

October 31, 1985

AGENCY: *HEAD START (MISSOULA)

ADDRESS: WORDEN & PHILLIPS
MISSOULA, MT 59801

PHONE: 728-5460

CONTACT: SCOT M. ANDERSON
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

GRANITE, MINERAL, MISSOULA, POWELL.

AGES SERVED: 3 THROUGH 5 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, LEARNING DISABLED**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, MODERATE MENTALLY RETARDED, EMOTIONALLY DISTURBED, SEVERE BEHAVIOR PROBLEMS, AUTISTIC-LIKE, PHYSICALLY IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

DAY CARE, DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, MENTAL HEALTH, PUBLIC HEALTH, SOCIAL SERVICE/WELFARE, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--PRESCHOOL, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, SPEECH/LANGUAGE THERAPY, SELF-HELP TRAINING, PARENT TRAINING, PARENT COUNSELING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, DAY CARE, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, ADVOCACY.

HOW TO APPLY:

CONTACT THE FAMILY SERVICES STAFF AT 728-5460.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) CHILDREN BETWEEN THE AGES OF 3 TO 5 YEARS; (2) FAMILY INCOME BELOW POVERTY INCOME GUIDELINES.

EXIT OR GRADUATION CRITERIA:

EXITED (1) UPON COMPLETION OF TWO-YEARS ENROLLMENT IN THE PROGRAM, OR (2) UPON ENTRY INTO A PUBLIC SCHOOL.

October 31, 1985

AGENCY: *HELENA HEAD START

ADDRESS: P.O. BOX 721
HELENA, MONTANA 59601

PHONE: 442-7930

CONTACT: HARRIET BRYANT, R.N.
HEALTH/HANDICAP
COORDINATOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

LEWIS & CLARK.

AGES SERVED: 3 THROUGH 5 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DAY TREATMENT, EDUCATION--CLASSROOM, GROUP HOME, RECREATION, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, RECREATION THERAPY, FAMILY THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT TRAINING, PARENT COUNSELING, ADAPTIVE EQUIPMENT, TRANSPORTATION, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, ADVOCACY, OUTREACH SERVICES.

HOW TO APPLY:

REFERRED BY PARENT, SOCIAL WORKER, OTHER AGENCY, AGENCY CONTACT.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) 3 TO 5 YEARS OLD; (3) INCOME ELIGIBLE; (4) PRIORITY FOR CHILDREN WITH SPECIAL NEEDS AND LOW INCOME FAMILIES.

October 31, 1985

AGENCY: *HELENA INDUSTRIES

ADDRESS: 1325 HELENA AVENUE
HELENA, MT 59601

PHONE: 442-8632

CONTACT: DAWN DE WOLF
DIRECTOR OF PROGRAMS

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: 16 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF**, BLIND**, LEARNING DISABLED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, MULTIPLY HANDICAPPED.

PROGRAM(S) OFFERED:

INDEPENDENT/SEMI-INDEPENDENT LIVING, SHELTERED WORKSHOP, VOCATIONAL REHABILITATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, REHABILITATION/HABILITATION TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, PARENT COUNSELING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, SEX EDUCATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION, ADVOCACY, OUTREACH SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

HELENA INDUSTRIES ALSO PROVIDES FOOD SERVICE TRAINING, VOCATIONAL EVALUATION, PLACEMENT, AND SHOE REPAIR TRAINING.

HOW TO APPLY:

(1) ELIGIBILITY DETERMINED BY DDD, RSD, OR OTHER REFERRAL SOURCES; (2) MUST MEET HELENA INDUSTRIES ENTRANCE CRITERIA; (3) MAY BE PLACED ON THE WAITING LIST.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

SRS/DDD SCREENING.

EXIT OR GRADUATION CRITERIA:

EXITED UPON GRADUATION FROM SPECIFIC TRAINING PROGRAMS.

FEES AND PAYMENT ASSISTANCE:

HELENA INDUSTRIES USES A VARIABLE FEE SCHEDULE. ASSISTANCE IS AVAILABLE TO HELP PAY FOR SERVICES.

October 31, 1985

AGENCY: *HELENA NURSING HOME

ADDRESS: 25 SOUTH EWING
HELENA, MONTANA 59601

PHONE: 443-5880

CONTACT: MIKE MAHLMAN
ADMINISTRATOR

AGENCY TYPE: PRIVATE/FOR PROFIT

COUNTY(IES) SERVED:

BROADWATER, JEFFERSON, LEWIS & CLARK.

AGES SERVED: 21 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, NONAMBULATORY**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, PHYSICALLY IMPAIRED**, MILD MENTALLY RETARDED, EMOTIONALLY DISTURBED, NEUROLOGICALLY IMPAIRED, DEAF AND BLIND, BLIND, DEAF, SEVERE SPEECH/LANGUAGE IMPAIRED, VISUALLY IMPAIRED, MODERATE MENTALLY RETARDED.

PROGRAM(S) OFFERED:

RESIDENTIAL FACILITY.

SERVICE(S) TYPICALLY AVAILABLE:

MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, RECREATION THERAPY, FAMILY THERAPY, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION, ADVOCACY.

HOW TO APPLY:

(1) PHYSICIAN MUST REQUEST CARE.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) PHYSICIAN MUST REQUEST CARE.

EXIT OR GRADUATION CRITERIA:

(1) SET GOALS - 25-30% HAVE REHAB POTENTIAL; (2) WHEN THEY REACH GOALS SET, PHYSICIAN DETERMINES IF THEY CAN LEAVE.

FEES AND PAYMENT ASSISTANCE:

CHARGES RANGE FROM $45 TO $48 PER DAY. THE HOME ACCEPTS MEDICARE/MEDICAID PAYMENTS.

October 31, 1985

AGENCY: *HELENA RIDING ACADEMY

ADDRESS: P.O. BOX 5173
HELENA, MONTANA 59604

PHONE: 442-6314

CONTACT: JUDY GARDINER
PRESIDENT

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

JEFFERSON, LEWIS & CLARK.

AGES SERVED: 3 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

RECREATION.

SERVICE(S) TYPICALLY AVAILABLE:

RECREATION THERAPY, SOCIAL/RECREATION ACTIVITIES.

COMMENTS ON PROGRAMS/SERVICES:

THE RIDING ACADEMY IS A THERAPEUTIC RECREATION PROGRAM OPERATING IN THE SPRING, SUMMER, AND FALL. THE STAFF WORKS PRIMARILY ON A VOLUNTEER BASIS.

HOW TO APPLY:

FAMILY OUTREACH MAKES REFERRALS. WORD OF MOUTH; CONTACT PROGRAM PRESIDENT.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

ELIGIBILITY DETERMINED BY A PHYSICIAN.

EXIT OR GRADUATION CRITERIA:

(1) NO EXIT CRITERIA.

FEES AND PAYMENT ASSISTANCE:

THE FIRST EIGHT LESSONS ARE FREE. AFTER THAT THE STUDENT PAYS $6 PER LESSON.

October 31, 1985

AGENCY: *HELENA SCHOOL DISTRICT NO. 1

ADDRESS: 55 SOUTH RODNEY
HELENA, MONTANA 59601

PHONE: 442-6440

CONTACT: JERRY ROTH
DIRECTOR OF SPECIAL SERVICES

AGENCY TYPE: PUBLIC SCHOOL

COUNTY(IES) SERVED:

LEWIS & CLARK.

AGES SERVED: 3 THROUGH 19 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DAY TREATMENT, DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--PRESCHOOL, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, ACADEMIC INSTRUCTION, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, ADAPTIVE EQUIPMENT, SEX EDUCATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, HOME AND COMMUNITY LIFE SKILLS TRAINING.

HOW TO APPLY:

(1) REFERRAL BASIS.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATION; (2) PL 94-142.

EXIT OR GRADUATION CRITERIA:

(1) CHILD STUDY TEAM DECISION.

October 31, 1985

AGENCY: *HELENA VALLEY COOPERATIVE

ADDRESS: 55 SOUTH RODNEY
HELENA, MONTANA 59601

PHONE: 442-6440

CONTACT: SHIRLEY DE VOE
COOPERATIVE
COORDINATOR

AGENCY TYPE: SPECIAL EDUCATION COOPERATIVE

COUNTY(IES) SERVED:

JEFFERSON, LEWIS & CLARK.

AGES SERVED: 6 THROUGH 14 YEARS.

DISABILITY(IES) SERVED:

MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, SELF-HELP TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, PARENT COUNSELING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, SEX EDUCATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, ADVOCACY.

HOW TO APPLY:

(1) REFERRAL BASIS.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) PUBLIC LAW 94-142; (3) CHILD STUDY TEAM PLACEMENT.

EXIT OR GRADUATION CRITERIA:

(1) CHILD STUDY TEAM DECISION.

October 31, 1985

AGENCY: *HI-LINE HOME PROGRAMS

ADDRESS: 839 1ST AVENUE SOUTH
GLASGOW, MONTANA 59230

PHONE: 228-9431

CONTACT: RICK THOMPSON
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

DANIELS, MC CONE, PHILLIPS, RICHLAND, ROOSEVELT, SHERIDAN, VALLEY.

AGES SERVED: BIRTH THROUGH 21 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, NEUROLOGICALLY IMPAIRED**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, PHYSICALLY IMPAIRED**, EMOTIONALLY DISTURBED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

FAMILY TRAINING AND SUPPORT, RESPITE CARE.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT TRAINING, PREVOCATIONAL TRAINING, PARENT COUNSELING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, SEX EDUCATION, RESPITE CARE, REFERRAL/FOLLOW-UP SERVICES, REFERRAL, LIBRARY, HOME AND COMMUNITY LIFE SKILLS TRAINING.

COMMENTS ON PROGRAMS/SERVICES:

STAFF DEVELOPMENT TRAINING IS ALSO AVAILABLE AS A SERVICE OF THIS PROGRAM.

HOW TO APPLY:

REFERRAL BASIS.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) AT RISK, 5 YEARS OF AGE OR UNDER; (2) DEVELOPMENTALLY DISABLED THROUGH AGE 21.

EXIT OR GRADUATION CRITERIA:

(1) REACH AGE EQUIVALENT; (2) RECEIVING ADEQUATE SERVICES AT SCHOOL; (3) MOVE; (4) FAMILY RECEIVED SERVICES TO ENABLE THEM TO COMPLETE ADEQUATE PROGRAMMING FOR THE CHILD.

SATELLITE LOCATIONS:

SIDNEY.

October 31, 1985

AGENCY: *HILLSIDE MANOR

ADDRESS: 4720 23RD STREET
MISSOULA, MONTANA 59803

PHONE: 251-5100

CONTACT: MARY JO STROPE
DIRECTOR

AGENCY TYPE: PRIVATE/FOR PROFIT

COUNTY(IES) SERVED:

MISSOULA.

AGES SERVED: 16 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MODERATE MENTALLY RETARDED, MILD MENTALLY RETARDED, DEVELOPMENTALLY DELAYED, EMOTIONALLY DISTURBED, NEUROLOGICALLY IMPAIRED, DEAF AND BLIND, BLIND, BLIND, DEAF, LEARNING DISABLED, SEVERE BEHAVIOR PROBLEMS, NONAMBULATORY, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, PHYSICALLY IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

DAY CARE, RECREATION, RESPITE CARE, SOCIAL SERVICE/WELFARE, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, RECREATION THERAPY, FAMILY THERAPY, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, RESPITE CARE, DAY CARE, REFERRAL/FOLLOW-UP SERVICES, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION, ADVOCACY, PROTECTIVE/LEGAL SERVICES, OUTREACH SERVICES.

HOW TO APPLY:

(1) CONTACT HOME.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) PHYSICIAN'S ORDER; (2) PROGRAM MUST FEEL THEY CAN HANDLE THE CLIENT (I.E. THEY AREN'T DANGEROUS TO THEMSELVES OR OTHERS); (3) FINANCIALLY ABLE TO PAY.

EXIT OR GRADUATION CRITERIA:

(1) PHYSICIAN'S ORDER.

SATELLITE LOCATIONS:

LAKE COUNTY.

October 31, 1985

AGENCY: *HOLLY ANN FRISCH PRE & SUMMER SCHOOL PROGRAM

ADDRESS: P.O. BOX 32
CLANCY, MONTANA 59634

PHONE: 933-5725

CONTACT: HOLLY FRISCH
DIRECTOR

AGENCY TYPE: PRIVATE/FOR PROFIT

COUNTY(IES) SERVED:

BROADWATER, JEFFERSON, LEWIS & CLARK.

AGES SERVED: BIRTH THROUGH 18 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, AUTISTIC-LIKE**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DAY CARE, DAY TREATMENT, EDUCATION--CLASSROOM, RECREATION, RESPITE CARE, TRANSPORTATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, SPEECH/LANGUAGE ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, VOCATIONAL TRAINING, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, RESPITE CARE, DAY CARE, CONSULTATION/TA.

HOW TO APPLY:

(1) CONTACT DIRECTOR OR FAMILY OUTREACH IN HELENA.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

SRS/DDD SCREENING FOR SUMMER PROGRAM; NONE FOR SCHOOL YEAR PROGRAM.

EXIT OR GRADUATION CRITERIA:

(1) PARENTAL DECISION.

October 31, 1985

AGENCY: *HORSEPOWER FOR THE HANDICAPPED, INC.

ADDRESS: 315 SOUTH L STREET
LIVINGSTON, MT 59047

PHONE: 222-3862

CONTACT: TAMIE PARRENT
RIDING INSTRUCTOR,
SEC/TREAS

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

GALLATIN, PARK.

AGES SERVED: 3 YEARS AND OLDER.
PLEASE SEE COMMENTS SECTION.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

RECREATION.

SERVICE(S) TYPICALLY AVAILABLE:

RECREATION THERAPY, SOCIAL/RECREATION ACTIVITIES.

COMMENTS ON PROGRAMS/SERVICES:

NORMAL AGE RANGE SERVED IS 3 YEARS AND OLDER, THEY MAY SERVE 0 TO 3 YEARS IF CHILD'S DOCTOR APPROVES. THIS SEASONAL PROGRAM OPERATES FROM MAY THROUGH SEPTEMBER AND PROVIDES THERAPEUTIC RECREATION. THE SECRETARY-TREASURER IS A CERTIFIED RIDING INSTRUCTOR AND VOLUNTEERS SERVE AS OUTRIDERS.

HOW TO APPLY:

(1) SEND LETTER OF INTEREST; (2) COMPLETE FORMS, INCLUDING DOCTOR'S FORM.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) DOCTOR'S EVALUATION/PERMISSION; (2) ALL ELIGIBLE; (3) INCOME LEVEL/SLIDING SCALE.

EXIT OR GRADUATION CRITERIA:

(1) NO TERMINATION PER SE; (2) IF SAFETY OF RIDER IN QUESTION, WILL TERMINATE.

FEES AND PAYMENT ASSISTANCE:

CHARGES ARE VARIABLE WITH A SLIDING-SCALE PAYMENT PLAN. DONATIONS MAY BE AVAILABLE TO HELP DEFRAY COSTS.

October 31, 1985

AGENCY: *INDIAN HEALTH SERVICES

ADDRESS: 2727 CENTRAL AVENUE
BILLINGS, MONTANA 59101

PHONE: 657-6962

CONTACT: RITA HARDING
ACTING M & C HEALTH
PROG. MGR.

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, HOSPITAL, MEDICAL CLINIC, MENTAL HEALTH, PUBLIC HEALTH, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, MEDICAL ASSESSMENT, DENTAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, FAMILY THERAPY, SELF-HELP TRAINING, ADAPTIVE EQUIPMENT, TRANSPORTATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, OUTREACH SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

AN ADDITIONAL SERVICE AVAILABLE TO PARENTS IS THE INFANT CAR SEAT LOAN PROGRAM.

HOW TO APPLY:

(1) CONTACT INDIAN HEALTH SERVICES.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) DEMONSTRATE INDIAN DESCENT; (2) FEDERALLY RECOGNIZED TRIBE AND LIVING IN COUNTY ADJACENT TO TRIBE RESERVATION.

EXIT OR GRADUATION CRITERIA:

(1) NO EXIT REQUIREMENTS.

SATELLITE LOCATIONS:

BILLINGS, BOX ELDER, BROWNING, CROW AGENCY, HARLEM, LAME DEER, POPLAR, ST. IGNATIUS.

October 31, 1985

AGENCY: *INTER-MOUNTAIN DEACONESS HOME

ADDRESS: P.O. BOX 4455
HELENA, MONTANA 59601

PHONE: 442-7920

CONTACT: WILSON CURLY
ADMINISTRATOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: 9 THROUGH 15 YEARS 5 THROUGH 15 YEARS SEVERELY EMOTIONALLY HANDICAPP

DISABILITY(IES) SERVED:

EMOTIONALLY DISTURBED**, SEVERE BEHAVIOR PROBLEMS**, MILD MENTALLY RETARDED, DEVELOPMENTALLY DELAYED, LEARNING DISABLED, MILD SPEECH/LANGUAGE IMPAIRED, PHYSICALLY IMPAIRED, HEARING IMPAIRED.

PROGRAM(S) OFFERED:

EDUCATION--CLASSROOM, RECREATION, RESIDENTIAL FACILITY.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, FAMILY THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT TRAINING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, SEX EDUCATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA.

HOW TO APPLY:

CONTACT DR. HUGH BLACK, CLINICAL DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

MUST BE 5 TO 15 YEARS OF AGE AND NEEDING RESIDENTIAL TREATMENT FOR SEVERELY EMOTIONAL AND/OR BEHAVIOR PROBLEMS.

EXIT OR GRADUATION CRITERIA:

(1) CHILD STUDY TEAM; (2) TREATMENT PLANNING MEETING.

October 31, 1985

AGENCY: *KALISPELL SCHOOL DISTRICT NO. 5, SPECIAL EDUCATION

ADDRESS: KALISPELL, MONTANA 59901

PHONE: 755-5015

CONTACT: PAT LEE
SPECIAL EDUCATION
DIRECTOR

AGENCY TYPE: PUBLIC SCHOOL

COUNTY(IES) SERVED:

FLATHEAD.

AGES SERVED: 3 THROUGH 21 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, SEVERE BEHAVIOR PROBLEMS, AUTISTIC-LIKE.

PROGRAM(S) OFFERED:

EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, FAMILY TRAINING AND SUPPORT, INDEPENDENT/SEMI-INDEPENDENT LIVING, RECREATION, RESPITE CARE, SHELTERED WORKSHOP, TRANSPORTATION, WORK ACTIVITIES, YOUTH EMPLOYMENT.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, PARENT COUNSELING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, SEX EDUCATION.

HOW TO APPLY:

CONTACT DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

OPI RULES/REGULATIONS.

EXIT OR GRADUATION CRITERIA:

(1) HIGH SCHOOL GRADUATION; (2) CHILD STUDY TEAM DETERMINATION.

October 31, 1985

AGENCY: *KALISPELL TAXI

ADDRESS: BOX 2508
KALISPELL, MONTANA 59901

PHONE: 755-4021

CONTACT: JAMES E. MICHAEL
OWNER/OPERATOR

AGENCY TYPE: PRIVATE/FOR PROFIT

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

TRANSPORTATION.

COMMENTS ON PROGRAMS/SERVICES:

KALISPELL TAXI PROVIDES 24-HOUR SERVICE TO THOSE WITHIN A 50-MILE RADIUS OF KALISPELL. THEY HAVE NO WHEELCHAIR CAPABILITIES.

HOW TO APPLY:

(1) CONTACT TAXI SERVICE.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

THIS PROGRAM HAS NO ELIGIBILITY REQUIREMENTS.

EXIT OR GRADUATION CRITERIA:

(1) NO EXIT REQUIREMENTS.

October 31, 1985

AGENCY: *LAUREL CHRISTIAN DAY CARE

ADDRESS: 519 FIFTH AVENUE
LAUREL, MONTANA 59044

PHONE: 628-8775

CONTACT: CONTRELLA PETERSON
OPERATOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

YELLOWSTONE.

AGES SERVED: 6 WEEKS THROUGH 10 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DAY CARE, EDUCATION--CLASSROOM.

SERVICE(S) TYPICALLY AVAILABLE:

ACADEMIC INSTRUCTION, DAY CARE.

COMMENTS ON PROGRAMS/SERVICES:

ACADEMIC INSTRUCTION IS OFFERED THROUGH KINDERGARTEN. THE DAY CARE USES THEIR OWN DISCRETION WITH EACH APPLICANT REGARDING CLASS SIZE, HELP AVAILABLE, ETC.

HOW TO APPLY:

(1) CONTACT DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) AGE 6 WEEKS TO 10 YEARS OLD.

EXIT OR GRADUATION CRITERIA:

(1) NO EXIT REQUIREMENTS.

FEES AND PAYMENT ASSISTANCE:

LAUREL CHRISTIAN DAY CARE CHARGES $7.50 PER DAY. HELP TO PAY FOR SERVICES IS POSSIBLE--DEPENDING ON THE FAMILY'S RESOURCES.

October 31, 1985

AGENCY: *LEWISTOWN SCHOOL DISTRICT NO. 1

ADDRESS: 215 SEVENTH AVENUE SOUTH
LEWISTOWN, MT 59457

PHONE: 538-7454

CONTACT: DR. PELLANT
DIRECTOR OF SPECIAL EDUCATION

AGENCY TYPE: PUBLIC SCHOOL

COUNTY(IES) SERVED:

FERGUS.

AGES SERVED: 3 THROUGH 21 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT COUNSELING, CLIENT COUNSELING/PSYCHOTHERAPY, TRANSPORTATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, OUTREACH SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

THE DISTRICT ALSO PROVIDES ADAPTIVE PHYSICAL EDUCATION. FOR THE SEVERE LEARNING DISABLED, THEY ARE LIMITED TO SERVING THE BOTTOM 3% OF THE NATIONAL POPULATION.

HOW TO APPLY:

(1) REGISTER FOR SCHOOL; (2) REFERRAL BASIS.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

OPI RULES AND REGULATIONS.

EXIT OR GRADUATION CRITERIA:

(1) CHILD STUDY TEAM DETERMINATION.

October 31, 1985

AGENCY: *LIBBY PUBLIC SCHOOLS

ADDRESS: 111 EAST LINCOLN BLVD.
LIBBY, MONTANA 59923

PHONE: 293-6204

CONTACT: PAUL STEBBINS
SPECIAL SERVICES
DIRECTOR

AGENCY TYPE: PUBLIC SCHOOL

COUNTY(IES) SERVED:

LINCOLN.

AGES SERVED: 3 THROUGH 21 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, EMOTIONALLY DISTURBED**, LEARNING DISABLED**, AUTISTIC-LIKE**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, MILD MENTALLY RETARDED, NEUROLOGICALLY IMPAIRED, SEVERE BEHAVIOR PROBLEMS, NONAMBULATORY, PHYSICALLY IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA.

HOW TO APPLY:

(1) SCHOOL REFERRAL.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

ELIGIBILITY IS DETERMINED THROUGH OPI RULES AND REGULATIONS.

EXIT OR GRADUATION CRITERIA:

(1) GRADUATE; (2) CHILD STUDY TEAM.

October 31, 1985

AGENCY: *LINCOLN COUNTY COOPERATIVE

ADDRESS: 111 EAST LINCOLN BLVD.
LIBBY, MONTANA 59923

PHONE: 293-6204

CONTACT: PAUL STEBBINS
DIRECTOR

AGENCY TYPE: SPECIAL EDUCATION COOPERATIVE

COUNTY(IES) SERVED:

LINCOLN.

AGES SERVED: 3 THROUGH 18 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--PRESCHOOL, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA.

COMMENTS ON PROGRAMS/SERVICES:

FUNDING FOR OUT-OF-DISTRICT TRANSPORTATION AND TUITION DETERMINED ON AN INDIVIDUAL BASIS. COOPERATIVE RESPONSIBILITIES SHARED BY SCHOOL PSYCHOLOGIST/CONSULTANTS, STEVE BAIRD FOR EUREKA AND LIBBY, DEAN KNISELEY FOR LIBBY, AND KEITH GOTTHARD FOR TROY AND LIBBY.

HOW TO APPLY:

(1) PARENT/SCHOOL REFERRAL.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) PUBLIC LAW 94-142; (3) CHILD STUDY TEAM PLACEMENT.

EXIT OR GRADUATION CRITERIA:

(1) CHILD STUDY TEAM DECIDES WHEN READY TO EXIT.

October 31, 1985

AGENCY: *LINCOLN COUNTY SHELTERED WORKSHOP

ADDRESS: 101 MINERAL AVENUE
LIBBY, MONTANA 59923

PHONE: 293-7932

CONTACT: JAMES TACKES
EXECUTIVE DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

LINCOLN.

AGES SERVED: 19 YEARS AND OLDER.

DISABILITY(IES) SERVED:

SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, NEUROLOGICALLY IMPAIRED**, AUTISTIC-LIKE**, MULTIPLY HANDICAPPED, DEVELOPMENTALLY DELAYED, EMOTIONALLY DISTURBED, DEAF AND BLIND, BLIND, DEAF, LEARNING DISABLED, SEVERE BEHAVIOR PROBLEMS, NONAMBULATORY, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

EDUCATION--CLASSROOM, GROUP HOME, RECREATION, RESPITE CARE, TRANSPORTATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

VOCATIONAL ASSESSMENT, ACADEMIC ASSESSMENT, BEHAVIOR THERAPY, RECREATION THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, RESPITE CARE.

HOW TO APPLY:

(1) REFERRAL FROM SOCIAL WORKER, REGIONAL DD WORKER, OR SPEC. ED. TEACHER.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) SRS/DDD SCREENING.

EXIT OR GRADUATION CRITERIA:

(1) IHP TEAM DECISION.

October 31, 1985

AGENCY: *LITTLE BITTERROOT SPECIAL SERVICES

ADDRESS: P.O. BOX 189
PLAINS, MONTANA 59859

PHONE: 826-3689

CONTACT: ART DREILING
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

SANDERS.

AGES SERVED: 21 YEARS AND OLDER.

DISABILITY(IES) SERVED:

SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEAF AND BLIND**, DEAF**, LEARNING DISABLED**, AUTISTIC-LIKE**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, MULTIPLY HANDICAPPED, BLIND, NONAMBULATORY, PHYSICALLY IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

DAY TREATMENT, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, GROUP HOME, INDEPENDENT/TRANSITIONAL LIVING, RECREATION, RESIDENTIAL FACILITY, SHELTERED WORKSHOP, TRANSPORTATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, ACADEMIC ASSESSMENT, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, SEX EDUCATION, DAY CARE, CONSULTATION/TA, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION, CLIENT COUNSELING, REFERRAL, RESIDENTIAL ASSESSMENT, HOME AND COMMUNITY LIFE SKILLS TRAINING.

HOW TO APPLY:

(1) REFERRAL FROM SOCIAL WORKER.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) SRS/DDD SCREENING.

EXIT OR GRADUATION CRITERIA:

(1) IHP TEAM MEETING.

October 31, 1985

AGENCY: *LIVINGSTON CONVALESCENT CENTER

ADDRESS: 510 SOUTH 14TH STREET
LIVINGSTON, MT 59047

PHONE: 222-0672

CONTACT: RUSSEL MEECH
DIRECTOR

AGENCY TYPE: PRIVATE/FOR PROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: 21 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED.

PROGRAM(S) OFFERED:

RESIDENTIAL FACILITY, RESPITE CARE.

SERVICE(S) TYPICALLY AVAILABLE:

DENTAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, SELF-HELP TRAINING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, RESPITE CARE, SPECIALIZED DIETARY/NUTRITIONAL SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

IN ADDITION TO 24-HOUR NURSING CARE, THE CENTER SUPPORTS A PHARMACEUTICAL PROGRAM WITH A PHARMACY CONSULTANT ON STAFF. THE CENTER ALSO OFFERS RESTORATIVE NURSING PROGRAMS.

HOW TO APPLY:

(1) PHYSICIAN REFERRAL/ADMISSION; (2) INITIAL CONTACT WITH NURSING DIRECTOR OR DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) PRE-ADMISSION SCREENING; (2) CONTACT SOCIAL WORKER FOR MEDICAID ADMISSIONS.

EXIT OR GRADUATION CRITERIA:

(1) PATIENT CARE PLANNING; (2) DISCHARGE PLANNING; (3) QUARTERLY REVIEW.

October 31, 1985

AGENCY: *MALTA OPPORTUNITIES, INC.

ADDRESS: P.O. BOX 819
MALTA, MONTANA 59538

PHONE: 654-2582

CONTACT: DICK NORDBERG
EXECUTIVE DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

PHILLIPS.

AGES SERVED: 16 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, PHYSICALLY IMPAIRED**, EMOTIONALLY DISTURBED, NEUROLOGICALLY IMPAIRED, DEAF AND BLIND, BLIND, DEAF, SEVERE BEHAVIOR PROBLEMS, AUTISTIC-LIKE, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, GROUP HOME, INDEPENDENT/SEMI-INDEPENDENT LIVING, RESIDENTIAL FACILITY, TRANSPORTATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

VOCATIONAL ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, BEHAVIOR THERAPY, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PREVOCATIONAL TRAINING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, REFERRAL/FOLLOW-UP SERVICES, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION.

HOW TO APPLY:

REFERRAL/CASE MANAGER

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) SRS/DDD SCREENING; (2) 16 YEARS OLD AND UP.

EXIT OR GRADUATION CRITERIA:

DETERMINED THROUGH IHP TEAM MEETING.

October 31, 1985

AGENCY: *MC CONE COUNTY NURSING HOME

ADDRESS: BOX 198
CIRCLE, MONTANA 59215

PHONE: 485-3381

CONTACT: JIM ADAMS
ADMINISTRATOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

DAWSON, GARFIELD, MC CONE.

AGES SERVED: 21 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, DEVELOPMENTALLY DELAYED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, PHYSICALLY IMPAIRED**, SEVERE/PROFOUND MENTALLY RETARDED, MODERATE MENTALLY RETARDED, MILD MENTALLY RETARDED, LEARNING DISABLED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

DAY CARE, DIAGNOSTIC/EVALUATION, HOSPITAL, MEDICAL CLINIC, RECREATION, RESIDENTIAL FACILITY, RESPITE CARE, SOCIAL SERVICE/WELFARE, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, MEDICAL ASSESSMENT, DENTAL ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, RECREATION THERAPY, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, RESPITE CARE, DAY CARE, REFERRAL/FOLLOW-UP SERVICES, SPECIALIZED DIETARY/NUTRITIONAL SERVICES.

HOW TO APPLY:

(1) CONTACT ADMINISTRATOR OR NURSING DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) NURSING HOME EVALUATION; (2) FUNDING; (3) CLIENT CAPABILITIES.

EXIT OR GRADUATION CRITERIA:

(1) DISCHARGE PLANNING NEEDS.

October 31, 1985

AGENCY: *MEDICAID WAIVER CASE MANAGEMENT TEAM FOR PHYSICALLY DISABLED

ADDRESS: 2825 FORT MISSOULA ROAD
MISSOULA, MONTANA 59802

PHONE: 728-4100

CONTACT: VICKI KIVENEN
SOCIAL WORKER

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

MISSOULA.

AGES SERVED: BIRTH THROUGH 65 YEARS.

DISABILITY(IES) SERVED:

EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, MULTIPLY HANDICAPPED, SEVERE/PROFOUND MENTALLY RETARDED, MODERATE MENTALLY RETARDED, MILD MENTALLY RETARDED, DEVELOPMENTALLY DELAYED.

PROGRAM(S) OFFERED:

CORRECTIONAL, DAY CARE, DAY TREATMENT, DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, GROUP HOME, HUMAN RESOURCE DEVELOPMENT COUNCIL, INDEPENDENT/SEMI-INDEPENDENT LIVING, MENTAL HEALTH, PUBLIC HEALTH, RECREATION, RESIDENTIAL FACILITY, RESPITE CARE, SHELTERED WORKSHOP, TRANSPORTATION, VOCATIONAL REHABILITATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, FAMILY THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PARENT TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, GENETIC COUNSELING, PARENT COUNSELING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, SEX EDUCATION, RESPITE CARE, DAY CARE, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION, ADVOCACY, PROTECTIVE/LEGAL SERVICES, OUTREACH SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

THEY COORDINATE SERVICES FOR PHYSICALLY DISABLED, AGES 0 TO 65, WHO MEET INTERMEDIATE CARE AS AN ALTERNATIVE TO NURSING HOME CARE.

HOW TO APPLY:

IF AT RISK AND WANT TO BE REFERRED CONTACT BARB HAUGEN, DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES, FOR PRESCREENING , OR CALL THE MEDICAID WAIVER CASE MANAGEMENT TEAM AT THE ABOVE NUMBER.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

FOR GROUP HOME AND REGULAR CASELOAD REFERRALS: (1) SRS/CMT SCREENING; (2) NEED INTERMEDIATE LEVEL OF CARE (EXCEPT PRIVATE PAY).

EXIT OR GRADUATION CRITERIA:

IF PERSONAL REQUIREMENTS ARE MET AND/OR NO LONGER NEED ASSISTANCE.

FEES AND PAYMENT ASSISTANCE:

THERE IS A CHARGE FOR SERVICES. THEY ACCEPT PRIVATE INSURANCE AND MEDICARE/MEDICAID PAYMENTS.

SATELLITE LOCATIONS:

HELENA.

October 31, 1985

AGENCY: *MENTAL DISABILITIES BOARD OF VISITORS

ADDRESS: CAPITOL STATION
HELENA, MT 59620

PHONE: 444-3955

CONTACT: KELLY MOORSE
EXECUTIVE DIRECTOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, DEVELOPMENTALLY DELAYED, BLIND, DEAF, LEARNING DISABLED, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, PHYSICALLY IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

ADVOCACY.

SERVICE(S) TYPICALLY AVAILABLE:

REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, ADVOCACY, PROTECTIVE/LEGAL SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

THE INDEPENDENT BOARD REVIEWS PATIENT CARE AND TREATMENT IN STATE INSTITUTIONS AND MENTAL HEALTH CENTERS AND PROVIDES LEGAL REPRESENTATION FOR THE RESIDENTS OF MONTANA STATE HOSPITAL AND MONTANA DEVELOPMENTAL CENTER.

HOW TO APPLY:

(1) CONTACT CITIZENS' ADVOCATE TOLL-FREE NUMBER (1-800-332-2272); (2) 24-HOUR ANSWERING SERVICE (444-3955).

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) ELIGIBLE IF RECEIVING SERVICES FROM STATE INSTITUTION (E.G., MONTANA DEVELOPMENTAL CENTER, MONTANA YOUTH TREATMENT CENTER, EASTMONT, MONTANA STATE HOSPITAL, CENTER FOR AGED) OR MENTAL HEALTH CENTER.

EXIT OR GRADUATION CRITERIA:

(1) THERE ARE NO EXIT REQUIREMENTS.

October 31, 1985

AGENCY: *MENTAL HEALTH CENTER

ADDRESS: 1245 NORTH 29TH STREET
BILLINGS, MONTANA 59101

PHONE: 252-5658

CONTACT: CINDY LANDERS
PUBLIC RELATIONS
OFFICER

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

CARBON, FERGUS, JUDITH BASIN, MUSSELSHELL, PETROLEUM, STILLWATER, SWEET GRASS, WHEATLAND, YELLOWSTONE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

EMOTIONALLY DISTURBED**, SEVERE BEHAVIOR PROBLEMS**, MULTIPLY HANDICAPPED, DEVELOPMENTALLY DELAYED, NEUROLOGICALLY IMPAIRED, LEARNING DISABLED, AUTISTIC-LIKE, NONAMBULATORY.

PROGRAM(S) OFFERED:

DAY CARE, DAY TREATMENT, DIAGNOSTIC/EVALUATION, GROUP HOME, INDEPENDENT/SEMI-INDEPENDENT LIVING, MEDICAL CLINIC, MENTAL HEALTH, RECREATION, RESIDENTIAL FACILITY, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, BEHAVIOR THERAPY, FAMILY THERAPY, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PARENT TRAINING, PREVOCATIONAL TRAINING, PARENT COUNSELING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, SEX EDUCATION, DAY CARE, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION, ADVOCACY, OUTREACH SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

THE CENTER PROVIDES OUTPATIENT SERVICES.

HOW TO APPLY:

CONTACT MENTAL HEALTH CENTER.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) DEPEND ON SEVERITY OF ILLNESS.

EXIT OR GRADUATION CRITERIA:

(1) STAFF CONSULTATION; (2) MUTUAL AGREEMENT OF STAFF AND PATIENT; (3) TAPERING OFF OF SERVICES.

FEES AND PAYMENT ASSISTANCE:

THE MENTAL HEALTH CENTER CHARGES $50 PER HOUR. TALK TO THEM ABOUT AVAILABLE GRANTS-IN-AID THAT MAY HELP DEFRAY COSTS.

SATELLITE LOCATIONS:

BIG TIMBER, BRIDGER, COLUMBUS, HARLOWTON, LEWISTOWN, RED LODGE, ROUNDUP.

October 31, 1985

AGENCY: *MENTAL HEALTH SERVICES, INC.

ADDRESS: 512 LOGAN
HELENA, MONTANA 59601

PHONE: 442-0310

CONTACT: DAVID BRIGGS
EXECUTIVE DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

BEAVERHEAD, BROADWATER, DEER LODGE, GRANITE, JEFFERSON, LEWIS & CLARK, MADISON, MEAGHER, PARK, POWELL, SILVER BOW.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, PHYSICALLY IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

DAY TREATMENT, DIAGNOSTIC/EVALUATION, FAMILY TRAINING AND SUPPORT, GROUP HOME, INDEPENDENT/TRANSITIONAL LIVING, MENTAL HEALTH, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--PRESCHOOL, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, BEHAVIOR THERAPY, FAMILY THERAPY, SELF-HELP TRAINING, PARENT TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, PARENT COUNSELING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, SEX EDUCATION, CASE MANAGEMENT, CONSULTATION/TA, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION, OUTREACH SERVICES, CLIENT COUNSELING, REFERRAL, HOME AND COMMUNITY LIFE SKILLS TRAINING.

COMMENTS ON PROGRAMS/SERVICES:

OTHER SERVICES PROVIDED INCLUDE MARITAL COUNSELLING AND GROUP THERAPY. THEY PROVIDE COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES TO ANY PERSON REQUESTING AND NEEDING MENTAL HEALTH SERVICES, BUT DO NOT HAVE ANYONE ON STAFF SPECIFICALLY TRAINED TO WORK WITH OR TRAIN PERSONS WITH PHYSICAL DISABILITIES OR DEVELOPMENTAL DISABILITIES.

HOW TO APPLY:

(1) CONTACT LOCAL OFFICE TO ARRANGE AN APPOINTMENT.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) NO ELIGIBILITY REQUIREMENTS.

EXIT OR GRADUATION CRITERIA:

(1) CHOOSE TO WITHDRAW; (2) THERAPIST & CLIENT AGREE REACHED GOAL; (3) REFERRED TO ANOTHER AGENCY.

FEES AND PAYMENT ASSISTANCE:

FEES ARE BASED ON THE ABILITY TO PAY. THEY ACCEPT INSURANCE AND MEDICAID/MEDICARE PAYMENTS AND OTHER THIRD PARTY PAYMENTS.

SATELLITE LOCATIONS:

ANACONDA, BUTTE, DILLON, HELENA, LIVINGSTON.

October 31, 1985

AGENCY: *MILES CITY SPECIAL EDUCATION DEPARTMENT

ADDRESS: 1604 MAIN
MILES CITY, MT 59301

PHONE: 232-3812

CONTACT: MIKE KINNE
SPECIAL EDUCATION DIRECTOR

AGENCY TYPE: PUBLIC SCHOOL

COUNTY(IES) SERVED:

CUSTER.

AGES SERVED: 3 THROUGH 21 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, INDEPENDENT/SEMI-INDEPENDENT LIVING, MENTAL HEALTH, TRANSPORTATION, VOCATIONAL REHABILITATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--PRESCHOOL, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, ACADEMIC ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, SELF-HELP TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, CLIENT COUNSELING/PSYCHOTHERAPY, ADAPTIVE EQUIPMENT, TRANSPORTATION, CASE MANAGEMENT.

COMMENTS ON PROGRAMS/SERVICES:

EXCEPTIONS TO THE ABOVE AGE LIMITS MAY BE MADE FOR STUDENTS YOUNGER THAN 3 AND OLDER THAN 21.

HOW TO APPLY:

REFERRAL BASIS.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) CHILD STUDY TEAM.

EXIT OR GRADUATION CRITERIA:

(1) CHILD STUDY TEAM/IEP TEAM DETERMINATION; (2) MEET GOALS AND OBJECTIVES

OF IEP; AND (3) POST HIGH SCHOOL GRADUATION, PLACEMENT IN WORKSHOP UP TO AGE 21.

FEES AND PAYMENT ASSISTANCE:

THERE IS A TUITION FEE FOR SERVICES.

October 31, 1985

AGENCY: *MILK RIVER, INC.

ADDRESS: 701 FIRST AVENUE NORTH
GLASGOW, MONTANA 59230

PHONE: 228-8412

CONTACT: ED FRUEH
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

ROOSEVELT, VALLEY.

AGES SERVED: 17 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, DEAF AND BLIND**, DEAF**, BLIND**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DAY CARE, GROUP HOME, INDEPENDENT/SEMI-INDEPENDENT LIVING, INDEPENDENT/TRANSITIONAL LIVING, RECREATION, RESIDENTIAL FACILITY, VOCATIONAL REHABILITATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PARENT TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, GENETIC COUNSELING, PARENT COUNSELING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, SEX EDUCATION, RESPITE CARE, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION, ADVOCACY, PROTECTIVE/LEGAL SERVICES, OUTREACH SERVICES, HOME AND COMMUNITY LIFE SKILLS TRAINING, FOLLOW-ALONG.

HOW TO APPLY:

(1) CONTACT SRS CASE WORKER.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) SRS/DDD SCREENING; (2) SCREENING COMMITTEE.

EXIT OR GRADUATION CRITERIA:

(1) SCREENING COMMITTEE DECISION.

October 31, 1985

AGENCY: *MINERAL COUNTY NURSING HOME

ADDRESS: BROOKLYN & ROOSEVELT
SUPERIOR, MONTANA 59872

PHONE: 822-4841

CONTACT: MADELYN FALLER
EXECUTIVE DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

MINERAL.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, NEUROLOGICALLY IMPAIRED**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, MODERATE MENTALLY RETARDED, MILD MENTALLY RETARDED, DEVELOPMENTALLY DELAYED, EMOTIONALLY DISTURBED, DEAF AND BLIND, BLIND, DEAF, LEARNING DISABLED, AUTISTIC-LIKE.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, HOSPITAL, MEDICAL CLINIC, RECREATION, RESPITE CARE, SOCIAL SERVICE/WELFARE, TRANSPORTATION, VOCATIONAL REHABILITATION.

SERVICE(S) TYPICALLY AVAILABLE:

MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, FAMILY THERAPY, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, RESPITE CARE, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, ADVOCACY, PROTECTIVE/LEGAL SERVICES, OUTREACH SERVICES.

HOW TO APPLY:

(1) CONTACT PROGRAM DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) NEED FOR CARE; (2) AVAILABLE SPACE; (3) PHYSICIAN'S STATEMENT.

EXIT OR GRADUATION CRITERIA:

(1) PATIENT ASSESSMENT COMMITTEE & FAMILY COUNSELING.

October 31, 1985

AGENCY: MISSOULA AREA PARTNERS FOR THE DISABLED

ADDRESS: 323 WEST ALDER STREET
MISSOULA, MONTANA 59802

PHONE: 549-5061

CONTACT: ELAINE D. SHEA
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

MISSOULA.

AGES SERVED: 18 YEARS AND OLDER.

DISABILITY(IES) SERVED:

SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, NEUROLOGICALLY IMPAIRED**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, MULTIPLY HANDICAPPED, EMOTIONALLY DISTURBED, DEAF AND BLIND, BLIND, DEAF, LEARNING DISABLED, SEVERE BEHAVIOR PROBLEMS, AUTISTIC-LIKE, NONAMBULATORY, PHYSICALLY IMPAIRED.

PROGRAM(S) OFFERED:

RECREATION.

SERVICE(S) TYPICALLY AVAILABLE:

RECREATION THERAPY, SELF-HELP TRAINING, ADVOCACY, PROTECTIVE/LEGAL SERVICES, OUTREACH SERVICES.

HOW TO APPLY:

CONTACT PROGRAM DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

MUST BE CERTIFIED DEVELOPMENTALLY DISABLED BY A PHYSICIAN.

EXIT OR GRADUATION CRITERIA:

SINCE CLIENTS ARE INTEGRATED INTO SOCIETY, THERE IS NO EXIT OR GRADUATION FROM THE PROGRAM.

October 31, 1985

AGENCY: *MISSOULA COMMUNITY HOSPITAL
REHABILITATION CENTER

ADDRESS: 2827 FORT MISSOULA ROAD
MISSOULA, MONTANA 59801

PHONE: 728-4100

CONTACT: TAMARA PETTYS
REHAB. ADMIN.
ASSIST.

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, DEVELOPMENTALLY DELAYED**, NEUROLOGICALLY IMPAIRED**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DAY TREATMENT, DIAGNOSTIC/EVALUATION, HOSPITAL, INDEPENDENT/SEMI-INDEPENDENT LIVING, MEDICAL CLINIC, MENTAL HEALTH, RECREATION, SOCIAL SERVICE/WELFARE, VOCATIONAL REHABILITATION.

SERVICE(S) TYPICALLY AVAILABLE:

CASE MANAGEMENT, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION, RESIDENTIAL ASSESSMENT.

COMMENTS ON PROGRAMS/SERVICES:

THE REHABILITATION CENTER OFFERS FOUR MAJOR INPATIENT PROGRAMS: STROKE, HEAD INJURY, SPINAL CORD INJURY, AND CHRONIC PAIN; AND FOUR OUTPATIENT CLINICS: MYELODYSPLASIA, AMPUTEE, PEDIATRIC CARDIOLOGY, AND GENETIC. THEY ALSO OPERATE VOCATIONAL SERVICES AND SUMMIT INDEPENDENT LIVING CENTER. BOTH ARE LOCATED IN MISSOULA.

HOW TO APPLY:

CONTACT ADMINISTRATIVE ASSISTANT OR PHYSIATRIST.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

IMPLEMENTATION OF A TREATMENT PLAN DEPENDS ON THE FOLLOWING: (1) DISABILITY/AND OR HANDICAPPING CONDITION; (2) ADEQUATE MEDICAL INFORMATION; (3) COMPLETION OF APPROPRIATE EVALUATION; (4) DEMONSTRATION OF POTENTIAL ABILITY TO PARTICIPATE IN AND EXHIBIT MEASURABLE PROGRESS FROM A CENTER PROGRAM.

EXIT OR GRADUATION CRITERIA:

CLIENT IS EXITED WHEN IMPROVEMENTIS OR GOALS ARE ATTAINED.

FEES AND PAYMENT ASSISTANCE:

CHARGES ARE VARIABLE. THEY ACCEPT INSURANCE AND MEDICARE/MEDICAID PAYMENTS. THEY ALSO HAVE THE HILLBURTON ASSISTANCE PROGRAM, SPONSORED BY THE FEDERAL GOVERNMENT, THAT ASSISTS WITH PAYMENTS.

October 31, 1985

AGENCY: *MISSOULA COUNTY HIGH SCHOOLS

ADDRESS: 915 SOUTH AVENUE WEST
MISSOULA, MONTANA 59801

PHONE: 728-2400

CONTACT: MR. ROD BATES
DIRECTOR, SPECIAL SERVICES

AGENCY TYPE: PUBLIC SCHOOL

COUNTY(IES) SERVED:

MISSOULA.

AGES SERVED: 12 THROUGH 21 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, TRANSPORTATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PREVOCATIONAL TRAINING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, SEX EDUCATION, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA.

HOW TO APPLY:

REGISTER AS A MISSOULA COUNTY HIGH SCHOOL SPECIAL EDUCATION STUDENT.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

OPI RULES/REGULATIONS.

EXIT OR GRADUATION CRITERIA:

WHEN IEP GOALS HAVE BEEN MET AND THE CST RECOMMENDS GRADUATION.

November 6, 1985

AGENCY: *MISSOULA ELEMENTARY SCHOOL DISTRICT NO. 1

ADDRESS: 215 SOUTH SIXTH WEST
MISSOULA, MT 59801

PHONE: 728-4000

CONTACT: JACK L. RUDIO
DIRECTOR, SPEC. ED. SVCS.

AGENCY TYPE: PUBLIC SCHOOL

COUNTY(IES) SERVED:

MISSOULA.

AGES SERVED: BIRTH THROUGH 3 YEARS FOR SCREENINGS.
3 THROUGH 15 YEARS ACADEMICALLY.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

EDUCATION--CLASSROOM, EDUCATION--HOMEBASED.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, FAMILY THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT TRAINING, PREVOCATIONAL TRAINING, PARENT COUNSELING, ADAPTIVE EQUIPMENT, TRANSPORTATION, SEX EDUCATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA.

HOW TO APPLY:

APPLY TO THE DIRECTOR OF SPECIAL EDUCATION SERVICES (728-4000).

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

OPI RULES AND REGULATIONS.

EXIT OR GRADUATION CRITERIA:

EXITED IF NO LONGER MEETS STATE OFFICE OF PUBLIC INSTRUCTION CRITERIA FOR A DESIGNATED HANDICAPPING CONDITION.

FEES AND PAYMENT ASSISTANCE:

THE SCHOOL DISTRICT CHARGES TUITION FOR OUT-OF-DISTRICT STUDENTS.

October 31, 1985

AGENCY: *MISSOULA SPECIAL EDUCATION COOPERATIVE

ADDRESS: 301 WEST ALDER
MISSOULA, MT 59801

PHONE: 721-5700

CONTACT: FRED APPELMAN
SPECIAL EDUCATION
DIRECTOR

AGENCY TYPE: SPECIAL EDUCATION COOPERATIVE

COUNTY(IES) SERVED:

MINERAL, MISSOULA.

AGES SERVED: 6 THROUGH 18 YEARS.

DISABILITY(IES) SERVED:.

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, EMOTIONALLY DISTURBED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT TRAINING, PREVOCATIONAL TRAINING, PARENT COUNSELING, ADAPTIVE EQUIPMENT, TRANSPORTATION, SEX EDUCATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, ADVOCACY.

HOW TO APPLY:

ADMISSION IS ON A REFERRAL BASIS.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) ELIGIBILITY DETERMINED THROUGH OPI RULES AND REGULATIONS AND (2) MUST BE BETWEEN 6-18 YEARS OF AGE.

EXIT OR GRADUATION CRITERIA:

A STUDENT IS EXITED UPON SUCCESSFUL COMPLETION OF GOALS.

October 31, 1985

AGENCY: *MISSOULA YOUTH HOMES

ADDRESS: P.O. BOX 7616
MISSOULA, MONTANA 59807

PHONE: 721-2704

CONTACT: GEOFF BIRNBAUM
ADMINISTRATOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: 10 THROUGH 17 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, EMOTIONALLY DISTURBED**, LEARNING DISABLED**, NEUROLOGICALLY IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, PHYSICALLY IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

ADVOCACY, CORRECTIONAL, DIAGNOSTIC/EVALUATION, GROUP HOME, MENTAL HEALTH, RECREATION, RESIDENTIAL FACILITY, SOCIAL SERVICE, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

BEHAVIOR THERAPY, RECREATION THERAPY, FAMILY THERAPY, SELF-HELP TRAINING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, ADVOCACY.

COMMENTS ON PROGRAMS/SERVICES:

THIS PROGRAM OFFERS GUIDANCE SERVICES AND INTERMEDIATE TREATMENT.

HOW TO APPLY:

(1) CONTACT ADMINISTRATOR; (2) REFERRAL BASIS.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) APPLICATION AND REVIEW; (2) PREPLACEMENT PHYSICAL; (3) AGES 10 TO 18 YEARS.

EXIT OR GRADUATION CRITERIA:

INDIVIDUAL DETERMINATION.

FEES AND PAYMENT ASSISTANCE:

MISSOULA YOUTH HOMES CHARGE $32 TO $60 PER DAY, DEPENDING ON THE PROGRAM. THEY ACCEPT THIRD PARTY PAYMENTS. ALSO DONATIONS MAY BE AVAILABLE TO HELP DEFRAY COSTS.

SATELLITE LOCATIONS:

MISSOULA ATTENTION HOME, SUSAN TALBOT YOUTH CARE CENTER, TOM ROY GROUP HOME--MISSOULA.

October 31, 1985

AGENCY: *MONTANA ADVOCACY PROGRAM, INC.

ADDRESS: 1219 EAST 8TH AVENUE
HELENA, MONTANA 59601

PHONE: 444-3889

CONTACT: KRIS BAKULA
EXECUTIVE DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, EMOTIONALLY DISTURBED**, DEAF AND BLIND**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, SEVERE SPEECH/LANGUAGE IMPAIRED**, PHYSICALLY IMPAIRED**, NEUROLOGICALLY IMPAIRED, BLIND, DEAF, LEARNING DISABLED, NONAMBULATORY, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED, OTHER HEALTH IMPAIRED.

PROGRAM(S) OFFERED:

ADVOCACY.

SERVICE(S) TYPICALLY AVAILABLE:

REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, ADVOCACY, PROTECTIVE/LEGAL SERVICES, OUTREACH SERVICES, REFERRAL, LIBRARY, FOLLOW-ALONG.

HOW TO APPLY:

(1) CONTACT PROGRAM; (2) REFERRAL.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

DETERMINED DEVELOPMENTALLY DISABLED BY FEDERAL DEFINITION; (2) LEGAL RIGHTS PROBLEM; (3) PROBLEM MUST BE RELATED TO DISABILITY.

EXIT OR GRADUATION CRITERIA:

EXITED WHEN PROBLEM IS REMEDIED.

October 31, 1985

AGENCY: *MONTANA CENTER FOR HANDICAPPED CHILDREN (COMPREHENSIVE DIAGNOSTIC SERVICES)

ADDRESS: 1500 NORTH 30TH STREET
BILLINGS, MONTANA 59101

PHONE: 657-2312

CONTACT: DR. MICHAEL HAGEN
DIRECTOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: BIRTH THROUGH 21 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, DEAF AND BLIND**, LEARNING DISABLED**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, PHYSICALLY IMPAIRED**, MILD MENTALLY RETARDED, EMOTIONALLY DISTURBED, NEUROLOGICALLY IMPAIRED, BLIND, DEAF, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, MEDICAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, FAMILY THERAPY, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, OUTREACH SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

THE CENTER OFFERS SPECIALIZD MEDICAL ASSESSMENT SERVICES FOR ORTHOPEDICALLY/MEDICALLY HANDICAPPED, CLEFT LIP AND PALATE, MYELODYSPLASIA, LEARNING DISABLED, DEVELOPMENTALLY DELAYED, AND SPEECH IMPAIRED.

HOW TO APPLY:

WRITTEN OR PHONE REFERRAL WITH SPECIFIC INFORMATION ON DIAGNOSTIC NEED.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

THERE ARE NO ELIGIBILITY REQUIREMENTS, HOWEVER, AN EVALUATION BY THE INTERNAL SCREENING COMMITTEE IS REQUIRED.

EXIT OR GRADUATION CRITERIA:

NO EXIT REQUIREMENTS.

FEES AND PAYMENT ASSISTANCE:

THIRD PARTY PAYMENT REQUIRED FOR SERVICES, SLIDING SCALE FOR PARENTAL PAYMENT. NO CHILD WILL BE DENIED SERVICES DUE TO INABILITY TO PAY.

October 31, 1985

AGENCY: *MONTANA CENTER FOR HANDICAPPED CHILDREN (EDUCATIONAL)

ADDRESS: 1500 NORTH 30TH STREET
BILLINGS, MONTANA 59101

PHONE: 657-2312

CONTACT: DR. MICHAEL HAGEN
DIRECTOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: BIRTH THROUGH 21 YEARS (SEVERELY HANDICAPPED ONLY).

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, DEAF AND BLIND**, AUTISTIC-LIKE**, NONAMBULATORY**, MILD MENTALLY RETARDED, BLIND, DEAF, LEARNING DISABLED, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, MEDICAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, FAMILY THERAPY, SELF-HELP TRAINING, PARENT TRAINING, PREVOCATIONAL TRAINING, GENETIC COUNSELING, TRANSPORTATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, OUTREACH SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

THE MONTANA CENTER FOR HANDICAPPED CHILDREN OPERATES THE TOY EXCHANGE AND THE (SIG) PARENT RESOURCE LIBRARY. THE TOY EXCHANGE IS A TOY LENDING LIBRARY FOR HANDICAPPED CHILDREN AND YOUTH, AGES BIRTH THROUGH 21 RESIDING IN MONTANA. THE TOY EXCHANGE IS AVAILABLE TO PARENTS OR PRIMARY CAREGIVERS, AND PROFESSIONALS WHO WORK, LIVE, AND PLAY WITH THESE CHILDREN. TOYS ARE LOANED FOR UP TO ONE MONTH. THE PARENT RESOURCE LIBRARY IS GEARED TOWARD EARLY EDUCATION, HOWEVER, IT DOES INCLUDE MATERIAL APPROPRIATE FOR ALL AGES. LIBRARY MATERIAL IS AVAILABLE TO PARENTS, PROFESSIONALS, AND ADVOCACY GROUPS STATE-WIDE. RESOURCES INCLUDE INFORMATION REGARDING SPECIFIC HANDICAPPING CONDITIONS AS WELL AS

HOW TO APPLY:

CONTACT THE CENTER'S DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

OPI RULES AND REGULATIONS.

EXIT OR GRADUATION CRITERIA:

AGE AND ABILITY FOR INTEGRATION INTO LESSER RESTRICTIVE SETTING.

FEES AND PAYMENT ASSISTANCE:

TUITION FOR EDUCATIONAL SERVICES IS REQUIRED AND PAID THROUGH A CONTRACT WITH RESIDENT LOCAL EDUCATION AGENCY.

October 31, 1985

AGENCY: *MONTANA DEVELOPMENTAL CENTER

ADDRESS: BOX 87
BOULDER, MONTANA 59632

PHONE: 225-3311

CONTACT: RICHARD HEARD
SUPERINTENDENT

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED, EMOTIONALLY DISTURBED, NEUROLOGICALLY IMPAIRED, DEAF AND BLIND, BLIND, DEAF, SEVERE BEHAVIOR PROBLEMS, AUTISTIC-LIKE, NONAMBULATORY, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, PHYSICALLY IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

DAY TREATMENT, DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, RESIDENTIAL FACILITY, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, ADVOCACY, PROTECTIVE/LEGAL SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

THIS PROGRAM ALSO PROVIDES STAFF DEVELOPMENT TRAINING.

HOW TO APPLY:

(1) COURT COMMITMENT; (2) COURT OR PROFESSIONAL (AS DEFINED BY MONTANA LAW) CAN PLACE PERSON FOR 30-DAY EVALUATION; (3) COURT PROCEEDINGS TO DETERMINE BEST PLACEMENT FOR PLACEMENT NO LONGER THAN 1 YEAR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) MENTALLY RETARDED; (2) IN NEED OF SERVICES THAT ARE NOT AVAILABLE ELSEWHERE; (2) DEEMED A DANGER TO SELF OR OTHERS BY COURT OR PROFESSIONAL

PERSON.

EXIT OR GRADUATION CRITERIA:

(1) MATCHED WITH AVAILABLE PLACEMENT IN COMMUNITY; (2) DECIDED ON INDIVIDUAL BASIS; (3) ONGOING REVIEW AT LEAST ANNUALLY.

FEES AND PAYMENT ASSISTANCE:

CHARGES ARE VARIABLE WITH A SLIDING SCALE PAYMENT PLAN. MONTANA DEVELOPMENTAL CENTER ACCEPTS INSURANCE AND MEDICARE/MEDICAID PAYMENTS.

October 31, 1985

AGENCY: *MONTANA INDEPENDENT LIVING PROJECT

ADDRESS: 1215 EIGHTH
HELENA, MONTANA 59601

PHONE: 444-4684

CONTACT: ZANA SMITH
PROJECT DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

BIG HORN, CASCADE, DEER LODGE, JEFFERSON, LEWIS & CLARK, SILVER BOW, TETON, YELLOWSTONE.

AGES SERVED: 16 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MILD MENTALLY RETARDED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, MODERATE MENTALLY RETARDED, DEVELOPMENTALLY DELAYED, EMOTIONALLY DISTURBED, LEARNING DISABLED.

PROGRAM(S) OFFERED:

EDUCATION--HOMEBASED, INDEPENDENT/SEMI-INDEPENDENT LIVING.

SERVICE(S) TYPICALLY AVAILABLE:

CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, ADVOCACY, OUTREACH SERVICES, HOME AND COMMUNITY LIFE SKILLS TRAINING.

COMMENTS ON PROGRAMS/SERVICES:

THIS SERVICE AND ADVOCACY PROGRAM PROVIDES INFORMATION AND REFERRAL THROUGH INDIVIDUAL CONSULTATION, FAMILY SUPPORT GROUPS, AND PUBLIC EDUCATION. ADDITIONAL PROGRAMS AND SERVICES OFFERED INCLUDE: ATTENDANT CARE MANAGEMENT TRAINING, FAMILY EDUCATION, PEER COUNSELING, HOUSING AND TRANSPORTATION REFERRAL ASSISTANCE, AND FUNCTIONAL LIVING ASSESSMENT.

HOW TO APPLY:

CALL OR COME INTO AREA OFFICES.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) SEEKING INDEPENDENT LIVING; (2) SEVERELY DISABLED NOT TRADITIONALLY SERVED OR FEELING UNDERSERVED BY TRADITIONAL SOCIAL SERVICES.

EXIT OR GRADUATION CRITERIA:

BASED ON SELF-DETERMINATION, INCLUDING SUCCESSFUL IMPLEMENTATION OF INDEPENDENT LIVING PLAN.

FEES AND PAYMENT ASSISTANCE:

CHARGES ARE VARIABLE WITH A SLIDING-SCALE PAYMENT PLAN. THEY ACCEPT INSURANCE AND MEDICARE/MEDICAID PAYMENTS. ALSO, DONATIONS OR OTHER PROGRAMS MAY BE AVAILABLE TO HELP DEFRAY COSTS.

SATELLITE LOCATIONS:

BILLINGS, GREAT FALLS, HELENA.

October 31, 1985

AGENCY: *MONTANA SPECIAL OLYMPICS, INC.

ADDRESS: 3300 THIRD STREET, NE
GREAT FALLS, MT 59404

PHONE: 791-2272

CONTACT: DON BYERS
EXECUTIVE DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: 8 YEARS AND OLDER.

DISABILITY(IES) SERVED:

SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, EMOTIONALLY DISTURBED, NEUROLOGICALLY IMPAIRED, DEAF AND BLIND, BLIND, DEAF, SEVERE BEHAVIOR PROBLEMS, NONAMBULATORY, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, PHYSICALLY IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED, MULTIPLY HANDICAPPED.

PROGRAM(S) OFFERED:

RECREATION.

SERVICE(S) TYPICALLY AVAILABLE:

SOCIAL/RECREATION ACTIVITIES.

COMMENTS ON PROGRAMS/SERVICES:

THE MONTANA SPECIAL OLYMPICS IS DIVIDED INTO 14 AREAS WITH HEADQUARTERS IN KALISPELL, MISSOULA, BUTTE, HELENA, BILLINGS, MILES CITY, ROUNDUP, GLENDIVE, SYDNEY, GLASGOW, HAVRE, GREAT FALLS, LEWISTOWN, AND BOZEMAN. STATE EVENTS INCLUDE THE WINTER GAMES, STATE BASKETBALL GAMES, AND THE SPRING GAMES WHICH LAST FOR THREE DAYS WITH A DANCE AND CARNIVAL. OTHER ACTIVITIES INCLUDE A SOCCER PROGRAM IN THE FALL; NORDIC/ALPINE SKIING AND ICE SKATING IN JANUARY AND FEBRUARY; BASKETBALL IN FEBRUARY AND MARCH AND LIFETIME SPORTS SUCH AS BOWLING. THE ANNUAL STATE SPRING GAMES WILL BE HELD IN HELENA IN 1986. THE INTERNATIONAL SUMMER GAMES WILL BE HELD ON THE CAMPUS OF NOTRE DAME UNIVERSITY, SOUTH BEND, INDIANA IN 1987.

HOW TO APPLY:

CONTACT LOCAL SCHOOL DISTRICT OR SPECIAL OLYMPICS AREA COORDINATOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) DETERMINED TO BE MENTALLY HANDICAPPED BY A PHYSICIAN OR AGENCY PROFESSIONAL; (2) MEMBERS OF INTERSCHOLASTIC SPORTS NOT ELIGIBLE TO PARTICIPATE.

EXIT OR GRADUATION CRITERIA:

THE PROGRAM HAS NO EXIT REQUIREMENTS.

October 31, 1985

AGENCY: *MONTANA STATE HOSPITAL, WARM SPRINGS

ADDRESS: WARM SPRINGS

PHONE: 693-7013

CONTACT: JANE EDWARDS
DIRECTOR, TREATMENT

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: 18 YEARS AND OLDER.

DISABILITY(IES) SERVED:

EMOTIONALLY DISTURBED**, MULTIPLY HANDICAPPED, MILD MENTALLY RETARDED, DEVELOPMENTALLY DELAYED, NEUROLOGICALLY IMPAIRED, DEAF AND BLIND, BLIND, DEAF, LEARNING DISABLED, SEVERE BEHAVIOR PROBLEMS, AUTISTIC-LIKE, NONAMBULATORY, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, PHYSICALLY IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, HOSPITAL, INDEPENDENT/SEMI-INDEPENDENT LIVING, MEDICAL CLINIC, MENTAL HEALTH, RECREATION, RESIDENTIAL FACILITY, SOCIAL SERVICE, TRANSPORTATION, VOCATIONAL REHABILITATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, FAMILY THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, PARENT COUNSELING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, SEX EDUCATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION, ADVOCACY, PROTECTIVE/LEGAL SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

(1) UNDER EXISTING LAW, THE PRIMARY MISSION OF THE WARM SPRINGS CAMPUS IS TO PROVIDE EVALUATION, CARE, AND PSYCHIATRIC TREATMENT TO PERSONS OF ALL AGES WHO ARE SUFFERING FROM SERIOUS MENTAL ILLNESS AND WHO HAVE BEEN DULY COMMITTED VOLUNTARILY, INVOLUNTARILY, OR BY COURT ORDER, EMERGENCY DETENTION, INTERINSTITUTIONAL TRANSFER; (2) IN ADDITION TO THE ABOVE SERVICES, THE STATE HOSPITAL PROVIDES MUSIC AND FAMILY THERAPY AND OTHER PERSONAL SERVICES TO ITS RESIDENTS BY EMPLOYING BARBERS, BEAUTICIANS, AND DENTAL HYGIENISTS.

HOW TO APPLY:

(1) THROUGH PRIVATE PRACTICE PSYCHIATRIST OR COMMUNITY MENTAL HEALTH CENTER; (2) VOLUNTARY COMMITTMENT 18 YRS & OVER; (3) INVOLUNTARY COMMITTMENT; (4) CRIMINAL COURT COMMITTMENT (18 & OVER); (5) EMERGENCY DETENTION.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) SERIOUSLY MENTALLY ILL PERSONS WHO CANNOT BE ECONOMICALLY OR ADEQUATELY MANAGED OR TREATED IN THE COMMUNITY; (2) ACUTELY MENTALLY ILL PERSONS WHOSE ILLNESS IS SO SEVERE AS TO PRECLUDE TREATMENT ANYWHERE OTHER THAN A PROTECTIVE AND SECURE INSTITUTIONAL ENVIRONMENT; (3) SUB-ACUTE OR CHRONICALLY MENTALLY ILL PERSONS WHO ARE CONSIDERED UNPLACEABLE IN A LESS RESTRICTIVE COMMUNITY SETTING AND WHOSE HOSPITALIZATION WILL BE PROLONGED; (4) SERIOUSLY MENTALLY ILL AGED PERSONS FOR WHOM APPROPRIATE COMMUNITY TREATMENT OR RESIDENTIAL FACILITIES REMAIN TO BE DEVELOPED; (5) CRIMINAL OFFENDERS FOR WHOM COMMUNITY EVALUATION AND TREATMENT RESOURCES ARE UNAVAILABLE OR WHO REQUIRE SECURITY PRECAUTIONS DURING THE PERIOD OF

EXIT OR GRADUATION CRITERIA:

(1) DETERMINE WHEN CLIENT IS CAPABLE OF FUNCTIONING IN A LESS RESTRICTIVE ENVIRONMENT.

FEES AND PAYMENT ASSISTANCE:

CHARGES ARE VARIABLE WITH A SLIDING-SCALE PAYMENT PLAN. THE HOSPITAL ACCEPTS PUBLIC ASSISTANCE PAYMENTS.

October 31, 1985

AGENCY: *MONTANA STATE LIBRARY FOR THE BLIND & PHYSICALLY HANDICAPPED

ADDRESS: 1515 EAST 6TH AVE.
HELENA, MT 59620

PHONE: 444-2064

CONTACT: DARLEEN TIENSVOLD
REGIONAL LIBRARIAN

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: 3 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, BLIND**, NONAMBULATORY**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, MILD MENTALLY RETARDED, EMOTIONALLY DISTURBED, NEUROLOGICALLY IMPAIRED, LEARNING DISABLED, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED.

PROGRAM(S) OFFERED:

LIBRARY.

SERVICE(S) TYPICALLY AVAILABLE:

LIBRARY.

COMMENTS ON PROGRAMS/SERVICES:

THIS PROGRAM PROVIDES READING MATERIALS TO THE BLIND AND PHYSICALLY HANDICAPPED, FREE OF CHARGE. PERSONS WHO ARE LEARNING DISABLED MUST HAVE A DOCTOR'S CERTIFICATION BEFORE THEY CAN USE THE LIBRARY.

HOW TO APPLY:

(1) CONTACT PROGRAM USING ITS TOLL-FREE NUMBER (1-800-332-3400).

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) PRESENT CERTIFICATE SIGNED BY PROFESSIONAL VALIDATING DISABILITY; (2) MEDICAL DOCTOR'S SIGNATURE FOR ORGANIC DYSFUNCTION (E.G., NEUROLOGICALLY IMPAIRED, L.D.).

EXIT OR GRADUATION CRITERIA:

(1) NO EXIT REQUIREMENTS OTHER THAN THE RETURN OF MATERIALS.

October 31, 1985

AGENCY: *MONTANA YOUTH TREATMENT CENTER

ADDRESS: BOX 30757
BILLINGS, MT 59107-0757

PHONE: 252-2605

CONTACT: PATRICK WALBERD
SUPERINTENDENT

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: 12 THROUGH 18 YEARS.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, HOSPITAL, MEDICAL CLINIC, MENTAL HEALTH, PUBLIC HEALTH, RECREATION, RESIDENTIAL FACILITY, SOCIAL SERVICE/WELFARE, TRANSPORTATION, VOCATIONAL REHABILITATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, FAMILY THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PARENT TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, PROTECTIVE/LEGAL SERVICES.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) PRIMARY DIAGNOSIS MUST BE SEVERELY EMOTIONALLY DISTURBED; (2) COURT ORDER.

EXIT OR GRADUATION CRITERIA:

COURT ORDER

October 31, 1985

AGENCY: *MOUNTAIN DISABLED OUTDOOR GROUP

ADDRESS: UNIVERSITY OF MONTANA
MISSOULA, MONTANA 59812

PHONE: 243-2802

CONTACT: COORDINATOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

MISSOULA, STATEWIDE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

RECREATION.

SERVICE(S) TYPICALLY AVAILABLE:

RECREATION THERAPY, SELF-HELP TRAINING, CONSULTATION/TA, ADVOCACY.

COMMENTS ON PROGRAMS/SERVICES:

MOUNTAIN DOG IS AN OUTDOOR RECREATIONAL ACTIVITIES PROGRAM WHICH AFFORDS HANDICAPPED PERSONS THE OPPORTUNITY TO SKI, RAFT, KAYAK, CANOE, SAIL, CAMP AND SOCIALIZE WITH NON-HANDICAPPED PEERS. CLASSES IN RECREATIONAL SKILLS AND MANUALS FOR ADAPTIVE RECREATION ARE ALSO AVAILABLE.

HOW TO APPLY:

CONTACT U OF M OUTDOOR PROGRAM.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

THIS PROGRAM HAS NO ELIGIBILITY REQUIREMENTS.

EXIT OR GRADUATION CRITERIA:

NOT APPLICABLE.

October 31, 1985

AGENCY: *MOUNTAIN VIEW MEMORIAL NURSING HOME

ADDRESS: BOX Q
WH. SU. SPRINGS, MT 59645

PHONE: 547-3321

CONTACT: TINA HEDIN
DIRECTOR OF NURSING

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

MEAGHER.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**.

PROGRAM(S) OFFERED:

HOSPITAL, MEDICAL CLINIC, MENTAL HEALTH, RECREATION, RESIDENTIAL FACILITY, RESPITE CARE, SOCIAL SERVICE/WELFARE, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

MEDICAL ASSESSMENT, DENTAL ASSESSMENT, HEARING ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, RESPITE CARE, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES.

HOW TO APPLY:

CALL EITHER THE PROGRAM ADMINISTRATOR OR THE DIRECTOR OF NURSING.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

ELIGIBILITY IS DETERMINED BY ABILITY TO PAY (HOWEVER, THEY ACCEPT MOST CLIENTS).

EXIT OR GRADUATION CRITERIA:

(1) ABILITY TO BE PLACED OUTSIDE OF PROGRAM.

October 31, 1985

AGENCY: *MOUNTAIN VIEW SOCIAL DEVELOPMENT CENTER

ADDRESS: 975 NORTH MAIN
WALKERVILLE, MT 59701

PHONE: 782-1028

CONTACT: DONNA CRAVER
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

SILVER BOW.

AGES SERVED: 55 YEARS AND OLDER.

DISABILITY(IES) SERVED:

SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, PHYSICALLY IMPAIRED**, BLIND, DEAF, LEARNING DISABLED, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

DAY CARE, EDUCATION--CLASSROOM, RECREATION, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

ACADEMIC INSTRUCTION, SELF-HELP TRAINING, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION.

COMMENTS ON PROGRAMS/SERVICES:

THE CENTER PROVIDES ANIMAL VISITATION TO NURSING HOMES, AN EXERCISE PROGRAM, LUNCH TWO DAYS PER WEEK, LIBRARY VISITS MONTHLY, AND MOVIES, AS WELL AS WORKING TOWARD GOALS SET IN INDIVIDUAL HABILITATION PLANNING MEETINGS.

HOW TO APPLY:

(1) REFERRAL BASIS.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) SRS/DDD SCREENING.

EXIT OR GRADUATION CRITERIA:

(1) OPENING IN MORE SUITABLE PROGRAM; (2) IHP TEAM DECISION.

October 31, 1985

AGENCY: *MSU-DISABLED STUDENTS SERVICES

ADDRESS: STRAND UNION
BOZEMAN, MT 59717

PHONE: 994-2824

CONTACT: BOB FRAZIER
DIRECTOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: 18 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, AUTISTIC-LIKE.

SERVICE(S) TYPICALLY AVAILABLE:

HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, ADVOCACY.

COMMENTS ON PROGRAMS/SERVICES:

THE DISABLED STUDENTS' UNION IS A SERVICE OFFICE FOR DISABLED STUDENTS WHO WANT TO ATTEND COLLEGE. ADDITIONAL SERVICES AVAILABLE INCLUDE READING/WRITING ASSISTANCE, INTERPRETATION, AND INFORMATION ABOUT HOUSING, TRANSPORTATION, AND RECREATIONAL ACTIVITIES ACCESSIBLE TO DISABLED STUDENTS.

HOW TO APPLY:

(1) CONTACT PROGRAM DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) UNIVERSITY STUDENT.

EXIT OR GRADUATION CRITERIA:

(1) NO EXIT REQUIREMENTS.

FEES AND PAYMENT ASSISTANCE:

CLIENTS MUST BE ENROLLED AND PAY TUITION AND FEES AT MSU. MEDICARE/MEDICAID, DONATIONS, SCHOLARSHIPS, STUDENT FINANCIAL AID, AND VOCATIONAL REHABILITATION PAYMENTS MAY BE AVAILABLE TO HELP WITH TUITION.

October 31, 1985

AGENCY: *NEW HOPE REGIONAL REHABILITATION CENTER

ADDRESS: 1233 NORTH 30TH STREET
BILLINGS, MONTANA 59101

PHONE: 657-7723

CONTACT: ED RYAN
REHABILITATION COUNSELOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, NEUROLOGICALLY IMPAIRED**, NONAMBULATORY**, PHYSICALLY IMPAIRED**, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, HOSPITAL, MEDICAL CLINIC, RESIDENTIAL FACILITY, VOCATIONAL REHABILITATION.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, MEDICAL ASSESSMENT, DENTAL ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY. BEHAVIOR THERAPY, FAMILY THERAPY, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PARENT TRAINING, PARENT COUNSELING, CLIENT COUNSELING/PSYCHOTHERAPY, ADAPTIVE EQUIPMENT, SEX EDUCATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, ADVOCACY, OUTREACH SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

NEW HOPE PROVIDES A PROGRAM OF DISABILITY MANAGEMENT AND EDUCATION FOR DISABLED PERSONS. IN ADDITION TO EXPANDING INPATIENT CAPABILITIES, THE PROGRAM PROVIDES OUTPATIENT SERVICES IN TERMS OF GROUP AND FAMILY THERAPY AND COUNSELING (BY PROVIDING A SETTING FOR AND ORGANIZING SUPPORT GROUPS), INDEPENDENT/SEMI-INDEPENDENT LIVING TRAINING, AND COGNITIVE RETRAINING.

HOW TO APPLY:

PHYSICIAN REFERRAL.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

MEDICALLY & FINANCIALLY APPROVED.

EXIT OR GRADUATION CRITERIA:

EXITED WHEN PATIENT REACHES MAXIMAL FUNCTIONING LEVEL WITHIN PROGRAM.

FEES AND PAYMENT ASSISTANCE:

NEW HOPE REHABILITATION CENTER USES A VARIABLE FEE SCHEDULE. THEY ACCEPT INSURANCE, MEDICARE/MEDICAID, PUBLIC ASSISTANCE, AND PRIVATE PAYMENTS.

October 31, 1985

AGENCY: *NORTH CENTRAL LEARNING RESOURCE CENTER

ADDRESS: 3115 FIFTH AVENUE NORTH
GREAT FALLS, MT 59401

PHONE: 727-6303

CONTACT: ELAINE COLIE
COOPERATIVE DIRECTOR

AGENCY TYPE: SPECIAL EDUCATION COOPERATIVE

COUNTY(IES) SERVED:

CASCADE, CHOTEAU.

AGES SERVED: BIRTH THROUGH 21 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, PARENT COUNSELING, TRANSPORTATION, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, ADVOCACY.

HOW TO APPLY:

REFERRAL BASIS.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) PUBLIC LAW 94-142; (3) CHILD STUDY TEAM PLACEMENT.

EXIT OR GRADUATION CRITERIA:

CHILD STUDY TEAM DETERMINATION.

October 31, 1985

AGENCY: *NORTH VALLEY NURSING HOME

ADDRESS: 63 MAIN
STEVENSVILLE, MT 59870

PHONE: 777-5411

CONTACT: NANCY SUMMERS
ADMINISTRATOR

AGENCY TYPE: PRIVATE/FOR PROFIT

COUNTY(IES) SERVED:

MISSOULA, RAVALLI.

AGES SERVED: 20 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, NEUROLOGICALLY IMPAIRED.

PROGRAM(S) OFFERED:

RESIDENTIAL FACILITY, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, PHYSICAL THERAPY, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, SPECIALIZED DIETARY/NUTRITIONAL SERVICES.

HOW TO APPLY:

(1) PHYSICIANS' REFERRALS.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) PHYSICIAN DETERMINATION; (2) NEED LONG TERM NURSING CARE.

EXIT OR GRADUATION CRITERIA:

(1) PATIENT CARE PROGRAM; (2) PHYSICIAN'S ORDERS.

November 6, 1985

AGENCY: *NORTHERN CHEYENNE HEAD START

ADDRESS: P.O. BOX 368
LAME DEER, MONTANA 59043

PHONE: 477-6347

CONTACT: JOANN ELLIOT
DIRECTOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

BIG HORN, ROSEBUD.

AGES SERVED: 3 THROUGH 5 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, OTHER HEALTH IMPAIRED**.

PROGRAM(S) OFFERED:

ADVOCACY, EDUCATION--CLASSROOM, FAMILY TRAINING AND SUPPORT, MENTAL HEALTH, SOCIAL SERVICE, SOCIAL SERVICE/WELFARE, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--PRESCHOOL, MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, BEHAVIOR THERAPY, FAMILY THERAPY, PARENT TRAINING, PREVOCATIONAL TRAINING, PARENT COUNSELING, TRANSPORTATION, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, ADVOCACY, MEDICAL SCREENING, REFERRAL.

HOW TO APPLY:

REFERRALS FROM AGENCIES, WELFARE, INDIAN HEALTH SERVICES.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) 3 TO 5 YEARS OLD; (3) INCOME ELIGIBLE; (4) PRIORITY FOR CHILDREN WITH SPECIAL NEEDS AND LOW INCOME FAMILIES.

EXIT OR GRADUATION CRITERIA:

(1) AGE ELIGIBLE FOR KINDERGARTEN.

November 6, 1985

AGENCY: *NORTHERN MONTANA HEAD START

ADDRESS: P.O. BOX 1369
HAVRE, MONTANA 59501

PHONE: 265-6794

CONTACT: FRANK WITTER
DIRECTOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

HILL.

AGES SERVED: 3 THROUGH 6 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, OTHER HEALTH IMPAIRED**.

PROGRAM(S) OFFERED:

ADVOCACY, DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, FAMILY TRAINING AND SUPPORT, HUMAN RESOURCE DEVELOPMENT COUNCIL, MENTAL HEALTH, SOCIAL SERVICE, SOCIAL SERVICE/WELFARE, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, ACADEMIC ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT TRAINING, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, ADVOCACY.

HOW TO APPLY:

CONTACT PROGRAM TO COMPLETE APPLICATION AND UNDERGO SCREENING.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) 3 TO 5 YEARS OLD; (3) INCOME ELIGIBLE; (4) PRIORITY FOR CHILDREN WITH SPECIAL NEEDS AND LOW INCOME FAMILIES.

EXIT OR GRADUATION CRITERIA:

(1) SIX YEARS OLD; (2) AGE APPROPRIATE FOR KINDERGARTEN.

November 6, 1985

AGENCY: *OAKMONT INFANT CARE AND PRESCHOOL

ADDRESS: 1529 YELLOWSTONE RIVER ROAD
BILLINGS, MONTANA 59105

PHONE: 245-0606

CONTACT: PAM ASK
OWNER/DIRECTOR

AGENCY TYPE: PRIVATE/FOR PROFIT

COUNTY(IES) SERVED:

YELLOWSTONE.

AGES SERVED: 6 WEEKS THROUGH 8 YEARS.

DISABILITY(IES) SERVED:

MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, LEARNING DISABLED**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, MODERATE MENTALLY RETARDED, SEVERE BEHAVIOR PROBLEMS, AUTISTIC-LIKE.

PROGRAM(S) OFFERED:

DAY CARE, EDUCATION--CLASSROOM, PUBLIC HEALTH, RECREATION.

SERVICE(S) TYPICALLY AVAILABLE:

VISUAL ASSESSMENT, HEARING ASSESSMENT, ACADEMIC ASSESSMENT, ACADEMIC INSTRUCTION, DAY CARE, REFERRAL/FOLLOW-UP SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

THE PROGRAM PROVIDES DEVELOPMENTAL INFANT CARE FOR CHILDREN AGES 6 WEEKS TO 2 YEARS.

HOW TO APPLY:

INTAKE/INTERVIEW TO DISCUSS CHILD'S NEEDS.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) AGE 6 WEEKS TO 8 YEARS; (2) ABILITY TO PAY TUITION.

EXIT OR GRADUATION CRITERIA:

AGE 10 YEARS.

October 31, 1985

AGENCY: *OPPORTUNITY WORKSHOP - WORK ACTIVITY CENTER

ADDRESS: 1005 MARSHALL
MISSOULA, MT 59801

PHONE: 721-2930

CONTACT: GREG RAGEE
PROGRAM MANAGER

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

MISSOULA.

AGES SERVED: 18 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, SHELTERED WORKSHOP, TRANSPORTATION, VOCATIONAL REHABILITATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, FAMILY THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PARENT TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, GENETIC COUNSELING, PARENT COUNSELING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, SEX EDUCATION, RESPITE CARE, DAY CARE, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION, ADVOCACY, PROTECTIVE/LEGAL SERVICES, OUTREACH SERVICES.

HOW TO APPLY:

IF NON-JOB FEASIBLE THROUGH A SOCIAL WORKER, IF JOB FEASIBLE THROUGH THE VOCATIONAL REHABILITATION OFFICE.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) 18 YEARS OR OLDER; (2) MISSOULA RESIDENCY OR TRANSPORTATION TO MISSOULA; (3) DD ELIGIBILITY.

EXIT OR GRADUATION CRITERIA:

REFERRAL TO PLACEMENT.

FEES AND PAYMENT ASSISTANCE:

THERE IS NO CHARGE FOR SERVICE.

October 31, 1985

AGENCY: *OPPORTUNITY WORKSHOP - VOCATIONAL SERVICES CENTER

ADDRESS: 1005 MARSHALL
MISSOULA, MT 59801

PHONE: 721-2930

CONTACT: ROZ CRAFT
PROGRAM MANAGER

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: 18 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, DEAF AND BLIND, BLIND, DEAF, PHYSICALLY IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, INDEPENDENT/SEMI-INDEPENDENT LIVING, RECREATION, VOCATIONAL REHABILITATION.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, FAMILY THERAPY, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PREVOCATIONAL TRAINING, GENETIC COUNSELING, PARENT COUNSELING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, SEX EDUCATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION, ADVOCACY, OUTREACH SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

NO INFORMATION AVAILABLE.

HOW TO APPLY:

BE REFERRED BY THE VOCATIONAL REHABILITATION DIVISION OF SRS.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

ELIGIBILITY IS DETERMINED BY A REHABILITATION COUNSELOR AND IS BASED ON A PERSON'S NEED FOR WORK ADJUSTMENT TRAINING.

EXIT OR GRADUATION CRITERIA:

(1) WHEN THE PERSON'S IEP GOALS ARE MET; (2) WHEN THEY ARE EMPLOYABLE, AND (3) WHEN THEY HAVE BEEN PLACED IN A POSITION.

FEES AND PAYMENT ASSISTANCE:

THERE IS NO CHARGE FOR SERVICE.

October 31, 1985

AGENCY: *P-T ACTIVITIES

ADDRESS: BOX 1413
CONRAD, MONTANA 59425

PHONE: 278-3238

CONTACT: GRAYDON D. NEALL
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

PONDERA, TOOLE.

AGES SERVED: 18 YEARS AND OLDER.

DISABILITY(IES) SERVED:

SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, PHYSICALLY IMPAIRED**, MULTIPLY HANDICAPPED, EMOTIONALLY DISTURBED, DEAF, NONAMBULATORY, MILD SPEECH/LANGUAGE IMPAIRED, SEVERE SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

EDUCATION--CLASSROOM, GROUP HOME, INDEPENDENT/SEMI-INDEPENDENT LIVING, RESIDENTIAL FACILITY, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

VOCATIONAL ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, SEX EDUCATION, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION.

COMMENTS ON PROGRAMS/SERVICES:

SATELLITE OFFICE LOCATED IN SHELBY.

HOW TO APPLY:

(1) SOCIAL WORKER REFERRAL; (2) SPECIAL EDUCATION REFERRAL ON GRADUATION.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) SRS/DDD SCREENING.

EXIT OR GRADUATION CRITERIA:

(1) IHP TEAM DECISION GOAL COMPLETION; (2) ASSESSMENT TOOL.

SATELLITE LOCATIONS:

SHELBY.

October 31, 1985

AGENCY: *PARENTS FREE ACTION COMMITTEE OF FLATHEAD COUNTY, INC., THE (HEAD START)

ADDRESS: P. O. BOX 1696
KALISPELL, MT 59901

PHONE: 755-5206

CONTACT: NANCY JENSEN
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

FLATHEAD.

AGES SERVED: 3 YEARS 6 MONTHS TO 5 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, AUTISTIC-LIKE**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, NEUROLOGICALLY IMPAIRED.

PROGRAM(S) OFFERED:

EDUCATION--CLASSROOM.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--PRESCHOOL, MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, PHYSICAL THERAPY, SPEECH/LANGUAGE THERAPY, PARENT TRAINING, PARENT COUNSELING, TRANSPORTATION, REFERRAL/FOLLOW-UP SERVICES, ADVOCACY.

HOW TO APPLY:

(1) RECRUITMENT OR REFERRAL.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) FEDERAL INCOME GUIDELINES; (2) SOCIAL NEEDS; (3) HANDICAP DIAGNOSED BY QUALIFIED PERSONS.

EXIT OR GRADUATION CRITERIA:

(1) PLANNED FOLLOW-UP SERVICES FOR PARENT BY NECESSARY SOCIAL SERVICES; (2) CDC SERVICES, SCHOOL/SPECIAL EDUCATION SERVICES.

FEES AND PAYMENT ASSISTANCE:

THERE IS NO CHARGE FOR SERVICE. THEY ACCEPT MEDICARE/MEDICAID PAYMENTS. TALK TO THEM ABOUT AVAILABLE GRANTS-IN-AID OR DONATIONS THAT MAY HELP DEFRAY COSTS.

November 5, 1985

AGENCY: *PARENTS, LET'S UNITE FOR KIDS (PLUK)

ADDRESS: BOX 30935
BILLINGS, MT 59107

PHONE: 657-2039

CONTACT: RUSTY KOCH

AGENCY TYPE:

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

ADVOCACY, FAMILY TRAINING AND SUPPORT.

SERVICE(S) TYPICALLY AVAILABLE:

CONSULTATION/TA, REFERRAL.

COMMENTS ON PROGRAMS/SERVICES:

PLUK IS A STATE-WIDE COALITION OF PARENTS OF HANDICAPPED CHILDREN. THE ORGANIZATION PRODUCES A MONTHLY NEWSLETTER WHICH IS FREE TO PARENTS. PLUK ALSO MAINTAINS A HOTLINE TELEPHONE NUMBER THAT PARENTS CAN CALL FOR INFORMATION ABOUT DISABILITIES, PARENT SUPPORT GROUPS, AND PARENT/CHILD RIGHTS. PLUK CAN ASSIST PARENTS TO BECOME ADVOCATES FOR THEIR CHILDREN.

HOW TO APPLY:

CALL THE PLUK OFFICE.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

OPEN TO ANY PARENT OF A CHILD WITH HANDICAPS OR TO OTHER INTERESTED INDIVIDUALS.

EXIT OR GRADUATION CRITERIA:

ON REQUEST.

October 31, 1985

AGENCY: *PARKVIEW ACRES CONVALESCENT CENTER

ADDRESS: 200 OREGON STREET
DILLON, MONTANA 59725

PHONE: 683-5105

CONTACT: GEORGE MONTROSE
DIRECTOR

AGENCY TYPE: PRIVATE/FOR PROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: 16 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

ART THERAPY APPROACH, DAY CARE, DAY TREATMENT, DIAGNOSTIC/EVALUATION, FAMILY TRAINING AND SUPPORT, GROUP HOME, LIBRARY, MEDICAL CLINIC, MENTAL HEALTH, NURSING CARE, PUBLIC HEALTH, RECREATION, RESIDENTIAL FACILITY, RESPITE CARE, SOCIAL SERVICE, SPECIALLY CONSTRUCTED CLOTHING, TRANSPORTATION, VOCATIONAL REHABILITATION.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, FAMILY THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PARENT TRAINING, PREVOCATIONAL TRAINING, PARENT COUNSELING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, RESPITE CARE, DAY CARE, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION, ADVOCACY, PROTECTIVE/LEGAL SERVICES, OUTREACH SERVICES, MEDICAL SCREENING, CLIENT COUNSELING, SPECIALLY CONSTRUCTED CLOTHING.

HOW TO APPLY:

CONTACT DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

ELIGIBILITY DETERMINED THROUGH (1) ADMISSIONS SCREENING; AND (2) NO SEVERE BEHAVIOR PROBLEM.

EXIT OR GRADUATION CRITERIA:

October 31, 1985

AGENCY: *PHILLIPS COUNTY GOOD SAMARITAN RETIREMENT CENTER

ADDRESS: BOX P
MALTA, MONTANA 59538

PHONE: 654-1190

CONTACT: JAMES W. BARTA
ADMINISTRATOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

PHILLIPS.

AGES SERVED: 21 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, PHYSICALLY IMPAIRED**, MODERATE MENTALLY RETARDED, MILD MENTALLY RETARDED, DEVELOPMENTALLY DELAYED, LEARNING DISABLED, AUTISTIC-LIKE, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

INDEPENDENT/SEMI-INDEPENDENT LIVING, NURSING CARE, RESIDENTIAL FACILITY, RESPITE CARE, SOCIAL SERVICE/WELFARE, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, PHYSICAL THERAPY, RECREATION THERAPY, REHABILITATION/HABILITATION TRAINING, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, RESPITE CARE, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION.

COMMENTS ON PROGRAMS/SERVICES:

THE CENTER SPECIALIZES IN GERIATRIC SERVICES. IT ALSO PROVIDES PHONE OUTREACH TO THE ELDERLY IN THE COMMUNITY.

HOW TO APPLY:

CONTACT PROGRAM DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) PHYSICIAN REFERRAL; (2) PRE-ADMISSION SCREENING; (3) PREFERRABLY SENIOR CITIZENS.

EXIT OR GRADUATION CRITERIA:

PHYSICIAN'S ORDER; NURSES' RECOMMENDATION.

FEES AND PAYMENT ASSISTANCE:

THE CENTER USES A VARIABLE FEE SCHEDULE. THEY ACCEPT INSURANCE AND MEDICAID PAYMENTS.

October 31, 1985

AGENCY: *POPLAR COMMUNITY NURSING HOME

ADDRESS: P.O. BOX 38
POPLAR, MONTANA 59255

PHONE: 768-3452

CONTACT: PEGGY SAGE
DIRECTOR OF NURSING

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

ROOSEVELT.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, NONAMBULATORY**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, MILD MENTALLY RETARDED, EMOTIONALLY DISTURBED, LEARNING DISABLED.

PROGRAM(S) OFFERED:

HOSPITAL, MEDICAL CLINIC, MENTAL HEALTH, PUBLIC HEALTH, RECREATION, RESIDENTIAL FACILITY, SOCIAL SERVICE/WELFARE.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, PHYSICAL THERAPY, RESPITE CARE, REFERRAL/FOLLOW-UP SERVICES.

HOW TO APPLY:

(1) CONTACT INDIAN HEALTH SERVICES OR HOSPITAL.

EXIT OR GRADUATION CRITERIA:

(1) DETERMINED THROUGH CONSULTATION WITH DOCTORS, OTHER CONSULTANTS, IHS, ETC.

November 6, 1985

AGENCY: *POWDER RIVER NURSING HOME

ADDRESS: BOX 70
BROADUS, MONTANA 59317

PHONE: 436-2646

CONTACT: HELEN VIKER
DIRECTOR OF NURSING

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

BIG HORN, POWDER RIVER, ROSEBUD.

AGES SERVED: 18 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DAY CARE, RESIDENTIAL FACILITY.

SERVICE(S) TYPICALLY AVAILABLE:

DIETARY/NUTRITION ASSESSMENT, PHYSICAL THERAPY, SPEECH/LANGUAGE THERAPY, SELF-HELP TRAINING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, DAY CARE, SPECIALIZED DIETARY/NUTRITIONAL SERVICES.

HOW TO APPLY:

(1) CALL DIRECTOR OF NURSING; (2) REFERRAL FROM PHYSICIAN.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

ELIGIBE OF 18 YEARS OR OLDER.

EXIT OR GRADUATION CRITERIA:

(1) PHYSICIAN OR INDIVIDUAL DECIDES THEY NO LONGER REQUIRE NURSING HOME CARE.

October 31, 1985

AGENCY: *PRAIRIE COMMUNITY HOSPITAL AND NURSING HOME

ADDRESS: P.O. BOX 156
TERRY, MONTANA 59349

PHONE: 637-5511

CONTACT: EARL PAULSON
ADMINISTRATOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, DEAF**, BLIND**, LEARNING DISABLED**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, MODERATE MENTALLY RETARDED, MILD MENTALLY RETARDED, DEVELOPMENTALLY DELAYED.

PROGRAM(S) OFFERED:

DAY CARE, HOSPITAL, MEDICAL CLINIC, PUBLIC HEALTH, RECREATION, RESIDENTIAL FACILITY, RESPITE CARE.

SERVICE(S) TYPICALLY AVAILABLE:

MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, PHYSICAL THERAPY, RECREATION THERAPY, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, SOCIAL/RECREATION ACTIVITIES, RESPITE CARE, DAY CARE, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, ADVOCACY.

HOW TO APPLY:

CALL THE HOSPITAL.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

IN ORDER TO BE ELIGIBLE, A CLIENT MUST BE REFERRED BY A PHYSICIAN.

EXIT OR GRADUATION CRITERIA:

(1) PHYSICIAN'S EVALUATION; (2) FAMILY COUNSELING.

FEES AND PAYMENT ASSISTANCE:

THE NURSING HOME USES A VARIABLE FEE SCHEDULE. THEY ACCEPT INSURANCE PAYMENTS FROM SOME COMPANIES AND MEDICARE/MEDICAID PAYMENTS.

October 31, 1985

AGENCY: *PRAIRIE VIEW COOPERATIVE

ADDRESS: GLENDIVE MEDICAL CENTER
GLENDIVE, MONTANA 59330

PHONE: 365-5446

CONTACT: LARRY ROBERTS
COOPERATIVE DIRECTOR

AGENCY TYPE: SPECIAL EDUCATION COOPERATIVE

COUNTY(IES) SERVED:

DAWSON, MC CONE, PRAIRIE, RICHLAND.

AGES SERVED: 5 THROUGH 21 YEARS.

DISABILITY(IES) SERVED:

MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, LEARNING DISABLED**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, MULTIPLY HANDICAPPED, SEVERE/PROFOUND MENTALLY RETARDED, DEAF AND BLIND, BLIND, DEAF, SEVERE BEHAVIOR PROBLEMS, AUTISTIC-LIKE, NONAMBULATORY, PHYSICALLY IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PREVOCATIONAL TRAINING, PARENT COUNSELING, ADAPTIVE EQUIPMENT, TRANSPORTATION, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, ADVOCACY, OUTREACH SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

FUNDING FOR OUT-OF-DISTRICT TRANSPORTATION DETERMINED ON AN INDIVIDUAL BASIS.

HOW TO APPLY:

(1) THROUGH SCHOOL ON REFERRAL BASIS.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) PUBLIC LAW 94-142; (3) CHILD STUDY TEAM PLACEMENT.

EXIT OR GRADUATION CRITERIA:

(1) ANNUAL REVIEW; (2) CHILD STUDY TEAM DETERMINATION.

SATELLITE LOCATIONS:

SIDNEY.

October 31, 1985

AGENCY: *PROJECT HEAD START ROCKY BOY ELEMENTARY SCHOOL

ADDRESS: RURAL ROUTE NO. 620
BOX ELDER, MONTANA 59521

PHONE: 395-4666

CONTACT: WILMA STANTER
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

HILL.

AGES SERVED: 3 THROUGH 5 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, SPEECH/LANGUAGE THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT TRAINING, TRANSPORTATION, REFERRAL/FOLLOW-UP SERVICES, SPECIALIZED DIETARY/NUTRITIONAL SERVICES.

HOW TO APPLY:

(1) REFERRAL FROM INDIAN HEALTH SERVICES; (2) CONTACT DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) 3 TO 5 YEARS OLD; (3) INCOME ELIGIBLE; (4) PRIORITY FOR CHILDREN WITH SPECIAL NEEDS AND LOW INCOME FAMILIES.

EXIT OR GRADUATION CRITERIA:

OVER AGE 5.

October 31, 1985

AGENCY: *PROJECT HEAD START, FORT BELKNAP

ADDRESS: P.O. BOX 579
HARLEM, MONTANA 59526

PHONE: 353-2205

CONTACT: CAROLINE YELLOW ROBE
DIRECTOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

BLAINE, PHILLIPS.

AGES SERVED: 3 AND 4 YEARS OLD.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

EDUCATION--CLASSROOM, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--PRESCHOOL, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PHYSICAL THERAPY, SPEECH/LANGUAGE THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT TRAINING, ADAPTIVE EQUIPMENT, TRANSPORTATION, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, OUTREACH SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

THIS PROGRAM SPONSORS WORKSHOPS FOR THE COMMUNITY FOR SPEECH/ LANGUAGE, NUTRITION, ALCOHOLISM, AND OTHER TOPICS OF INTEREST.

HOW TO APPLY:

(1) CONTACT DIRECTOR; (2) REFERRAL BASIS.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) 3 TO 5 YEARS OLD; (3) INCOME ELIGIBLE; (4) PRIORITY FOR CHILDREN WITH SPECIAL NEEDS AND LOW INCOME FAMILIES.

EXIT OR GRADUATION CRITERIA:

OVER AGE 5.

October 31, 1985

AGENCY: *RAVALLI COUNTY ADVOCACY

ADDRESS: 649 ADIRONDACK
HAMILTON, MONTANA 59840

PHONE: 363-3748

CONTACT: STAN MC ENTIRE
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

RAVALLI.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

SERVICE(S) TYPICALLY AVAILABLE:

ADVOCACY.

HOW TO APPLY:

(1) CONTACT DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) NO ELIGIBILITY REQUIREMENTS.

EXIT OR GRADUATION CRITERIA:

(1) NO EXIT REQUIREMENTS.

October 31, 1985

AGENCY: *RAVALLI COUNTY HEAD START

ADDRESS: BOX 5010, COUNTY COURTHOUSE
HAMILTON, MONTANA 59840

PHONE: 363-1440

CONTACT: BARB LOSENSKY
SPECIAL NEEDS
COORDINATOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

RAVALLI.

AGES SERVED: 3 THROUGH 5 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

EDUCATION--CLASSROOM, FAMILY TRAINING AND SUPPORT, PUBLIC HEALTH, SOCIAL SERVICE/WELFARE, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--PRESCHOOL, MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT TRAINING, PARENT COUNSELING, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, DAY CARE, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES.

HOW TO APPLY:

COMPLETE APPLICATION FOR ENTRANCE.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) 3 TO 5 YEARS OLD; (3) INCOME ELIGIBLE; (4) PRIORITY FOR CHILDREN WITH SPECIAL NEEDS AND LOW INCOME FAMILIES.

EXIT OR GRADUATION CRITERIA:

(1) WHEN AGE-APPROPRIATE FOR KINDERGARTEN; (2) DETERMINED ON A CASE-BY-CASE BASIS.

October 31, 1985

AGENCY: *RAVALLI SERVICES COOPERATION

ADDRESS: P. O. BOX 287
HAMILTON, MT 59840

PHONE: 363-5400

CONTACT: JOHN FILZ
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

RAVALLI.

AGES SERVED: 18 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

EDUCATION--CLASSROOM, GROUP HOME, RECREATION, RESIDENTIAL FACILITY, SHELTERED WORKSHOP, TRANSPORTATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

SPEECH/LANGUAGE ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, SEX EDUCATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, OUTREACH SERVICES.

HOW TO APPLY:

(1) CONTACT THE PROGRAM, THE WELFARE DEPARTMENT (TALK TO MARY ROWE OR SHIRLEY TIERNAN), OR THROUGH DD (KEN BROWN).

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) DEVELOPMENTALLY DISABLED AND COMPLETED SPECIAL EDUCATION SCHOOL (ADULT STATUS).

EXIT OR GRADUATION CRITERIA:

(1) WHEN THEY ARE COMPETITIVELY EMPLOYABLE; (2) READY FOR WORK ADJUSTMENT.

October 31, 1985

AGENCY: *REACH, INC.

ADDRESS: 404 EAST BRYANT ST., UNIT D
BOZEMAN, MONTANA 59715

PHONE: 587-1271

CONTACT: ROBERT J. TALLON
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

GALLATIN.

AGES SERVED: 18 YEARS AND OLDER.

DISABILITY(IES) SERVED:

SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, AUTISTIC-LIKE**, PHYSICALLY IMPAIRED**, MULTIPLY HANDICAPPED, NEUROLOGICALLY IMPAIRED, BLIND, DEAF, LEARNING DISABLED, NONAMBULATORY, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

DAY TREATMENT, GROUP HOME, INDEPENDENT/SEMI-INDEPENDENT LIVING, INDEPENDENT/TRANSITIONAL LIVING, RECREATION, TRANSPORTATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

VOCATIONAL ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, BEHAVIOR THERAPY, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, SEX EDUCATION, CONSULTATION/TA, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION, ADVOCACY, OUTREACH SERVICES, RESIDENTIAL ASSESSMENT, HOME AND COMMUNITY LIFE SKILLS TRAINING, FOLLOW-ALONG.

COMMENTS ON PROGRAMS/SERVICES:

IN ADDITION TO THE ABOVE PROGRAMS, REACH PROVIDES A JOB PLACEMENT SERVICE. THEY CURRENTLY CANNOT SERVE WHEELCHAIR CLIENTS IN THEIR GROUP HOME.

HOW TO APPLY:

(1) REFERRAL FROM DD, COUNTY WELFARE, OR SPECIAL ED TEACHER; (2) DIRECT CONTACT WITH DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) CASE MANAGER SCREENS FOR ELIGIBILITY; (2) DEPENDS ON OPENING IN PROGRAM.

EXIT OR GRADUATION CRITERIA:

(1) IHP TEAM DECISION; (2) MOVE ON TO LESS RESTRICTIVE ENVIRONMENT.

October 31, 1985

AGENCY: *REGION II CHILD AND FAMILY SERVICES

ADDRESS: 600 6TH STREET NW
GREAT FALLS, MT 59404

PHONE: 452-9531

CONTACT: WALLY MELCHER
EXECUTIVE DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

BLAINE, CASCADE, CHOTEAU, GLACIER, HILL, LIBERTY, PONDERA, TETON, TOOLE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, NEUROLOGICALLY IMPAIRED**, AUTISTIC-LIKE**, PHYSICALLY IMPAIRED**, EMOTIONALLY DISTURBED, DEAF AND BLIND, BLIND, DEAF, LEARNING DISABLED, SEVERE BEHAVIOR PROBLEMS, NONAMBULATORY, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

EDUCATION--HOMEBASED, GROUP HOME, INDEPENDENT/SEMI-INDEPENDENT LIVING, RESPITE CARE, TRANSPORTATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, SPEECH/LANGUAGE ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PARENT TRAINING, PREVOCATIONAL TRAINING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, SEX EDUCATION, RESPITE CARE, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION, OUTREACH SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

CHILD AND FAMILY SERVICES ALSO SPONSORS A THREE-MONTH SUMMER SCHOOL PROGRAM. SERVICES ARE ALSO AVAILABLE THROUGH SATELLITE OFFICES IN HAVRE AND CONRAD.

HOW TO APPLY:

REFERRAL BASIS.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) SRS/DDD SCREENING; (2) HOME TRAINING UP TO AGE 6 YEARS; (3) AT RISK.

EXIT OR GRADUATION CRITERIA:

(1) IHP MEETING ON RESIDENTIAL/HABILITATIVE CLIENTS; (2) FAMILY SERVICE PLAN FOR HOME-TRAINING CLIENTS.

SATELLITE LOCATIONS:

CUTBANK, HAVRE.

October 31, 1985

AGENCY: *REGION V CAMP

ADDRESS: 2216 EAST VISTA
MISSOULA, MT 59801

PHONE: 251-4216

CONTACT: MARILYN FERNELIUS
CAMP COORDINATOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

FLATHEAD, LAKE, LINCOLN, MINERAL, MISSOULA, RAVALLI, SANDERS.

AGES SERVED: 9 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED, EMOTIONALLY DISTURBED, NEUROLOGICALLY IMPAIRED, , SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, PHYSICALLY IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

RECREATION.

SERVICE(S) TYPICALLY AVAILABLE:

RECREATION THERAPY.

COMMENTS ON PROGRAMS/SERVICES:

CAMP PAXSON AT SEELEY LAKE IS HELD THE LAST WEEK OF AUGUST.

HOW TO APPLY:

CONTACT PROGRAM COORDINATOR

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) MUST BE AWARE AND ABLE TO PARTICIPATE, TOILET TRAINED, AND MUST BE HANDICAPPED; (2) PERSONS ARE SELECTED ON A INDIVIDUAL AND FIRST-COME FIRST-SERVE BASIS, ALL APPLICATIONS ARE SUBJECT TO REVIEW; (3) CAMP COSTS $50; (4) IF CAMP PROVIDES TRANSPORTATION, AN ADDITIONAL FEE IS CHARGED.

EXIT OR GRADUATION CRITERIA:

(1) THERE ARE NO EXIT CRITERIA.

October 31, 1985

AGENCY: *REGIONAL LIVING SERVICES

ADDRESS: BOX 348X
HAVRE, MONTANA 59501

PHONE: 265-4780

CONTACT: DIANE SAVASTEN
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

BLAINE, CASCADE, CHOTEAU, FLATHEAD, GLACIER, HILL, JUDITH BASIN, LAKE, LIBERTY, LINCOLN, MINERAL, PONDERA, SANDERS, TETON.

AGES SERVED: 3 THROUGH 21 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, DEAF AND BLIND**, DEAF**, BLIND**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, PHYSICALLY IMPAIRED**, MILD MENTALLY RETARDED, EMOTIONALLY DISTURBED, NEUROLOGICALLY IMPAIRED, LEARNING DISABLED, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

EDUCATION--HOMEBASED, GROUP HOME, RECREATION, RESIDENTIAL FACILITY.

SERVICE(S) TYPICALLY AVAILABLE:

ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PREVOCATIONAL TRAINING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, SEX EDUCATION.

HOW TO APPLY:

CONTACT DDD OFFICE OR COUNTY WELFARE.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) SRS/DDD SCREENING; (2) ELIGIBLE FOR ENROLLMENT IN HAVRE PUBLIC SCHOOL SYSTEM.

EXIT OR GRADUATION CRITERIA:

EXITED WHEN INELIGIBLE FOR HAVRE PUBLIC SCHOOL.

October 31, 1985

AGENCY: *REGIONAL SERVICES FOR THE DISABLED

ADDRESS: BOX 31253
BILLINGS, MONTANA 59107

PHONE: 652-5443

CONTACT: CHUCK SUPER
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

BIG HORN, CARBON, FERGUS, YELLOWSTONE.

AGES SERVED: 15 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DAY CARE, DAY TREATMENT, EDUCATION--CLASSROOM, GROUP HOME, INDEPENDENT/SEMI-INDEPENDENT LIVING, MENTAL HEALTH, RECREATION, RESIDENTIAL FACILITY, TRANSPORTATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, BEHAVIOR THERAPY, RECREATION THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PARENT TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, SEX EDUCATION, DAY CARE, CONSULTATION/TA, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION, OUTREACH SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

THEY ALSO OFFER A SENIOR MEDICAL DAY PROGRAM.

HOW TO APPLY:

(1) SRS/SOCIAL WORKER REFERRAL.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) SRS/DDD SCREENING; (2) SOURCE OF FUNDING.

EXIT OR GRADUATION CRITERIA:

(1) FULFILL REQUIREMENTS OF INDIVIDUAL PROGRAM.

FEES AND PAYMENT ASSISTANCE:

THERE IS A CHARGE FOR CLIENTS WHO ARE NOT DEVELOPMENTALLY DISABLED (ACCORDING TO THE STATE'S DEFINITION).

SATELLITE LOCATIONS:

HARDIN, LEWISTOWN, RED LODGE.

October 31, 1985

AGENCY: *RESIDENTIAL SUPPORT SERVICES

ADDRESS: 1413 4TH AVENUE N. #207
BILLINGS, MONTANA 59101

PHONE: 248-4211

CONTACT: LORRIE HEFENIEDER
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

YELLOWSTONE.

AGES SERVED: 17 YEARS AND OLDER.

PROGRAM(S) OFFERED:

GROUP HOME, RESIDENTIAL FACILITY.

SERVICE(S) TYPICALLY AVAILABLE:

BEHAVIOR THERAPY, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, SOCIAL/RECREATION ACTIVITIES.

COMMENTS ON PROGRAMS/SERVICES:

CLIENTS MUST BE CERTIFIED DEVELOPMENTALLY DISABLED TO RECEIVE SERVICES.

HOW TO APPLY:

(1) CLIENT AND/OR ADVOCATE/FAMILY REQUESTS COUNTY WELFARE-CASE MGR. TO PLACE NAME ON WAITING LIST.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) SOCIAL WORKER/COUNTY WELFAR DETERMINATION; (2) 17 YEARS OF AGE AND UP; (3) DEVELOPMENTALLY DISABLED (MR, EPILEPSY, CP, AUTISTIC)--BEFORE AGE 18 IF BRAIN INJURY.

EXIT OR GRADUATION CRITERIA:

(1) SKILL ASSESSMENT/SCREENING TOOL; (2) IF OPENING IN LESS RESTRICTED ENVIRONMENT.

FEES AND PAYMENT ASSISTANCE:

THERE IS A STANDARD FEE FOR ALL CLIENTS. THE FEE IS SET EACH YEAR ACCORDING TO SSI PAYMENT.

October 31, 1985

AGENCY: *RICHLAND OPPORTUNITIES, INC.

ADDRESS: GIRARD ROUTE, BOX 5172
SIDNEY, MONTANA 59270

PHONE: 482-3341

CONTACT: MAT NYQUIST
BEHAVIORAL
SPECIALIST

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: 6 YEARS AND OLDER.

DISABILITY(IES) SERVED:

SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, AUTISTIC-LIKE**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, PHYSICALLY IMPAIRED**, EMOTIONALLY DISTURBED, NEUROLOGICALLY IMPAIRED, DEAF AND BLIND, BLIND, DEAF, LEARNING DISABLED, SEVERE BEHAVIOR PROBLEMS, NONAMBULATORY, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, GROUP HOME, INDEPENDENT/SEMI-INDEPENDENT LIVING, RECREATION, RESIDENTIAL FACILITY, SHELTERED WORKSHOP, TRANSPORTATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

ACADEMIC ASSESSMENT, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, SEX EDUCATION, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION, OUTREACH SERVICES.

HOW TO APPLY:

(1) CONTACT LOCAL WELFARE CASE MANAGER.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

SRS/DDD SCREENING.

EXIT OR GRADUATION CRITERIA:

(1) IHP DETERMINATION.

October 31, 1985

AGENCY: *RONAN SCHOOL DISTRICT NO. 30

ADDRESS: DRAWER R
RONAN, MONTANA 59864

PHONE: 676-5855

CONTACT: BOB SLONAKER
SPECIAL EDUCATION
COORDINATOR

AGENCY TYPE: PUBLIC SCHOOL

COUNTY(IES) SERVED:

LAKE.

AGES SERVED: 3 THROUGH 21 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, SEX EDUCATION, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA.

HOW TO APPLY:

(1) CONTACT SCHOOL; (2) REFERRAL FROM AGENCIES, CDC, PROFESSIONAL PEOPLE.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS.

EXIT OR GRADUATION CRITERIA:

(1) IEP OBJECTIVES; (2) CHILD STUDY TEAM DECISION.

October 31, 1985

AGENCY: *ROOSEVELT COUNTY SPECIAL EDUCATION COOPERATIVE

ADDRESS: P.O. BOX 458
POPLAR, MT 59255

PHONE: 768-3408

CONTACT: HARRY WILLIAMS
DIR. SPEC. ED. COOP

AGENCY TYPE: SPECIAL EDUCATION COOPERATIVE

COUNTY(IES) SERVED:

ROOSEVELT.

AGES SERVED: 5 THROUGH 18 YEARS.

DISABILITY(IES) SERVED:

MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, PHYSICALLY IMPAIRED**, MULTIPLY HANDICAPPED, SEVERE/PROFOUND MENTALLY RETARDED, NEUROLOGICALLY IMPAIRED, BLIND.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, MENTAL HEALTH, PUBLIC HEALTH, RECREATION, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, MEDICAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, FAMILY THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT COUNSELING, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA.

COMMENTS ON PROGRAMS/SERVICES:

DEAF & BLIND, BLIND, DEAF, OR OTHER HEARING AND VISUALLY IMPAIRED ARE USUALLY REFERRED TO GREAT FALLS FOR SERVICES.

HOW TO APPLY:

(1) CONTACT SCHOOL.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) PUBLIC LAW 94-142; (3) CHILD STUDY TEAM PLACEMENT.

EXIT OR GRADUATION CRITERIA:

(1) MEET IEP GOALS; (2) CHILD STUDY TEAM DETERMINATION.

October 31, 1985

AGENCY: *ROYAL MANOR, INC.

ADDRESS: 3018 RATTLESNAKE DRIVE
MISSOULA, MONTANA 59802

PHONE: 549-0988

CONTACT: MARGARET URFER
ADMINISTRATOR

AGENCY TYPE: PRIVATE/FOR PROFIT

COUNTY(IES) SERVED:

MISSOULA.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

HOSPITAL, HUMAN RESOURCE DEVELOPMENT COUNCIL, INDEPENDENT/SEMI-INDEPENDENT LIVING, MENTAL HEALTH, RESIDENTIAL FACILITY, RESPITE CARE, SOCIAL SERVICE/WELFARE, VOCATIONAL REHABILITATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, MEDICAL ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, FAMILY THERAPY, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PARENT COUNSELING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, RESPITE CARE, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES.

HOW TO APPLY:

(1) CONTACT THE HOME.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) WILLINGNESS TO WORK WITH THE CENTER.

EXIT OR GRADUATION CRITERIA:

(1) CLIENT RATE OF PROGRESS OR ACHIEVMENT.

October 31, 1985

AGENCY: *SANDE CONVALESCENT HOME

ADDRESS: P.O. BOX F
BIG SANDY, MONTANA 59520

PHONE: 378-2402

CONTACT: DAVID SANDE
ADMINISTRATOR

AGENCY TYPE: PRIVATE/FOR PROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: 18 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, OTHER HEALTH IMPAIRED**.

PROGRAM(S) OFFERED:

NURSING CARE, RESIDENTIAL FACILITY, SPECIALLY CONSTRUCTED CLOTHING, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

MEDICAL ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, SELF-HELP TRAINING, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, RESIDENTIAL ASSESSMENT.

HOW TO APPLY:

(1) REFERRED FROM HOSPITAL; (2) PRIVATE PHYSICIAN; (3) DD PROGRAM REFERRAL.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

MEDICAL FOUNDATION FOR NEEDY DETERMINES IF NEEDS ICF.

EXIT OR GRADUATION CRITERIA:

(1) PATIENT CARE PLAN; (2) DISMISSAL TO LESS RESTRICTIVE ENVIRONMENT--SEMI-INDEPENDENT OR GROUP HOME; (3) IHP.

October 31, 1985

AGENCY: *SANDERS COUNTY SPECIAL EDUCATION COOPERATIVE

ADDRESS: BOX 129
THOMPSON FALLS, MT 59873

PHONE: 827-3541

CONTACT: VERNE REED
DIRECTOR

AGENCY TYPE: SPECIAL EDUCATION COOPERATIVE

COUNTY(IES) SERVED:

SANDERS.

AGES SERVED: 3 THROUGH 18 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--PRESCHOOL, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, PARENT COUNSELING, SEX EDUCATION, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, ADVOCACY.

HOW TO APPLY:

(1) CONTACT CO-OP OR SCHOOL DISTRICT.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) PUBLIC LAW 94-142; (3) CHILD STUDY TEAM PLACEMENT.

EXIT OR GRADUATION CRITERIA:

(1) CHILD STUDY TEAM DETERMINATION.

October 31, 1985

AGENCY: *SCHOOL DISTRICT NO. 3

ADDRESS: P.O. BOX 980
HAMILTON, MONTANA 59840

PHONE: 363-2287

CONTACT: JOHN J. GOLIGOSKI
DIRECTOR

AGENCY TYPE: PUBLIC SCHOOL

AGES SERVED: 4 THROUGH 19 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, PUBLIC HEALTH, RECREATION, SOCIAL SERVICE/WELFARE, TRANSPORTATION, VOCATIONAL REHABILITATION.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, FAMILY THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PARENT TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, PARENT COUNSELING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, SEX EDUCATION, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, ADVOCACY, PROTECTIVE/LEGAL SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

THEY SERVE ONLY THE HAMILTON SCHOOL DISTRICT.

HOW TO APPLY:

(1) REFERRALS ACCEPTED.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) CHILD STUDY TEAM DETERMINATION.

EXIT OR GRADUATION CRITERIA:

(1) CHILD STUDY DETERMINATION; (2) IEP.

November 6, 1985

AGENCY: *SHODAIR CHILDREN'S HOSPITAL
DEPARTMENT OF MEDICAL GENETICS

ADDRESS: 840 HELENA AVENUE
HELENA, MONTANA 59604

PHONE: 442-1980

CONTACT: JOAN FITZGERALD
GENETIC COUNSELOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, NEUROLOGICALLY IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, HOSPITAL, MEDICAL CLINIC, SOCIAL SERVICE/WELFARE.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, DEVELOPMENTAL ASSESSMENT--INFANT, MEDICAL ASSESSMENT, GENETIC COUNSELING, PARENT COUNSELING, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, OUTREACH SERVICES.

HOW TO APPLY:

CONTACT JOAN FITZGERALD, GENETIC COUNSELOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

NO SET ELIGIBILITY REQUIREMENTS.

EXIT OR GRADUATION CRITERIA:

CONSULTATION SERVICES COMPLETED.

FEES AND PAYMENT ASSISTANCE:

THE HOSPITAL USES A VARIABLE FEE SCHEDULE. THEY ACCEPT INSURANCE AND MEDICARE/MEDICAID PAYMENTS.

October 31, 1985

AGENCY: *SIDNEY SCHOOLS SPECIAL EDUCATION

ADDRESS: SIDNEY PUBLIC SCHOOLS
SIDNEY, MONTANA 59270

PHONE: 482-4251

CONTACT: DUANE PUST
SPECIAL EDUCATION
DIRECTOR

AGENCY TYPE: PUBLIC SCHOOL

COUNTY(IES) SERVED:

RICHLAND.

AGES SERVED: 5 THROUGH 18 YEARS.

DISABILITY(IES) SERVED:

SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, LEARNING DISABLED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, MULTIPLY HANDICAPPED, EMOTIONALLY DISTURBED, NEUROLOGICALLY IMPAIRED, SEVERE BEHAVIOR PROBLEMS, AUTISTIC-LIKE, NONAMBULATORY, SEVERE SPEECH/LANGUAGE IMPAIRED, PHYSICALLY IMPAIRED.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM.

SERVICE(S) TYPICALLY AVAILABLE:

HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, CLIENT COUNSELING/PSYCHOTHERAPY, ADAPTIVE EQUIPMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA.

COMMENTS ON PROGRAMS/SERVICES:

THE SCHOOL PROVIDES PRESCHOOL SCREENINGS FOR CHILDREN UNDER 5, HOWEVER, IF ANY PROBLEMS ARE IDENTIFIED, THE CHILD IS REFERRED TO ANOTHER AGENCY.

HOW TO APPLY:

BE A REGISTERED STUDENT.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

AGES 5 - 18 YEARS.

EXIT OR GRADUATION CRITERIA:

(1) CHILD STUDY TEAM; (2) MEET STATED GOALS.

October 31, 1985

AGENCY: *SILVER BOW COUNTY DEVELOPMENTAL DISABILITIES COUNCIL, INC.

ADDRESS: 155 WEST GRANITE
BUTTE, MONTANA 59701

PHONE: 723-8262

CONTACT: ARLENE MIHELISH
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

DEER LODGE, SILVER BOW.

AGES SERVED: 18 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, MULTIPLY HANDICAPPED.

PROGRAM(S) OFFERED:

INDEPENDENT/TRANSITIONAL LIVING.

SERVICE(S) TYPICALLY AVAILABLE:

HOME AND COMMUNITY LIFE SKILLS TRAINING.

HOW TO APPLY:

SOCIAL SERVICES REFERRAL OR CALL THE DIRECTOR OR JUDY VINECKE, LIVING SKILLS TRAINER AT THE ABOVE PHONE NUMBER.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) SRS/DDD SCREENING.

EXIT OR GRADUATION CRITERIA:

(1) IHP TEAM DECISION.

October 31, 1985

AGENCY: *SKYLINE CENTER

ADDRESS: 3300 THIRD STREET NORTHEAST
GREAT FALLS, MT 59404

PHONE: 791-2270

CONTACT: RAY BECK, ED.D.
SPECIAL EDUCATION
DIRECTOR

AGENCY TYPE: PUBLIC SCHOOL

COUNTY(IES) SERVED:

CASCADE.

AGES SERVED: 3 THROUGH 21 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, BLIND, DEAF.

PROGRAM(S) OFFERED:

EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, PUBLIC HEALTH, RECREATION, TRANSPORTATION, VOCATIONAL REHABILITATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, MEDICAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, FAMILY THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PARENT TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, PARENT COUNSELING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, SEX EDUCATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, ADVOCACY.

HOW TO APPLY:

REFERRAL FROM PARENT, SCHOOL; MEDICAL REFERRAL FOR OUT OF DISTRICT PLACEMENT.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

OPI RULES/REGULATIONS.

EXIT OR GRADUATION CRITERIA:

(1) AGE 22 YEARS; (2) CHILD STUDY TEAM DETERMINATION.

October 31, 1985

AGENCY: *SMALL WORLD PRESCHOOL AND DAYCARE

ADDRESS: 521 CUSTER
WOLF POINT, MT 59230

PHONE: 653-2706

CONTACT: KATE TROST
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

ROOSEVELT.

AGES SERVED: 2 YEARS 9 MONTHS TO 8 YEARS.

DISABILITY(IES) SERVED:

MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, DEAF**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, NEUROLOGICALLY IMPAIRED.

PROGRAM(S) OFFERED:

DAY CARE, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, PUBLIC HEALTH, RECREATION.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--PRESCHOOL, ACADEMIC ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT COUNSELING, SEX EDUCATION, DAY CARE, REFERRAL/FOLLOW-UP SERVICES.

HOW TO APPLY:

(1) CONTACT DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) AGES 2 YEARS 9 MONTHS - 8 YEARS OLD; (2) STAFF DECISION IF SCHOOL CAN MEET CHILD'S NEEDS; (3) IF CHILD CAN'T FIND ANOTHER PLACEMENT, WILL MAKE EXCEPTIONS (E.G. AGE).

EXIT OR GRADUATION CRITERIA:

(1) AGE 6 YRS.

October 31, 1985

AGENCY: *SON-SHINE DAY CARE CENTER

ADDRESS: 5231 CHICAGO ROAD
BILLINGS, MONTANA 59105

PHONE: 373-5931

CONTACT: JERI LOVE
DIRECTOR

AGENCY TYPE: PRIVATE/FOR PROFIT

COUNTY(IES) SERVED:

YELLOWSTONE.

AGES SERVED: 6 WEEKS THROUGH 10 YEARS.

DISABILITY(IES) SERVED:

DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, .

PROGRAM(S) OFFERED:

DAY CARE, RECREATION.

SERVICE(S) TYPICALLY AVAILABLE:

ACADEMIC INSTRUCTION, DAY CARE.

HOW TO APPLY:

CALL OR DROP IN.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) 6 WEEKS TO 10 YEARS OLD; (2) ELIGIBILITY REQUIREMENTS OF THE SEVERELY HANDICAPPED CHILDREN DETERMINED ON AN INDIVIDUAL BASIS AT THE DISCRETION OF THE DIRECTOR.

EXIT OR GRADUATION CRITERIA:

CHILDREN ARE EXITED AFTER COMPLETING KINDERGARTEN PROGRAM AND HAVE COMPLETED PROGRAM REQUIREMENTS.

October 31, 1985

AGENCY: *SOUTHWESTERN MONTANA EDUCATION COOPERATIVE

ADDRESS: BOX 48
DEER LODGE, MT 59722

PHONE: 846-2147

CONTACT: FLORI MC CURDY
COOPERATIVE DIRECTOR

AGENCY TYPE: SPECIAL EDUCATION COOPERATIVE

COUNTY(IES) SERVED:

BEAVERHEAD, GRANITE, LEWIS & CLARK, MADISON, POWELL, SILVER BOW.

AGES SERVED: BIRTH THROUGH 21 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, SEVERE BEHAVIOR PROBLEMS.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, PHYSICAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, TRANSPORTATION, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, CLIENT COUNSELING.

COMMENTS ON PROGRAMS/SERVICES:

FUNDING FOR OUT-OF-DISTRICT TRANSPORTATION DETERMINED ON AN INDIVIDUAL BASIS AND PARTICIPATES WITH SELECTING SURROGATE PARENTS.

HOW TO APPLY:

REFERRAL BASIS.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) PUBLIC LAW 94-142; (3) CHILD STUDY TEAM PLACEMENT.

EXIT OR GRADUATION CRITERIA:

(1) POST-EVALUATION SCORES; (2) CHILD STUDY TEAM REVIEW OF IEP.

SATELLITE LOCATIONS:

DILLON.

October 31, 1985

AGENCY: *SPECIAL CARE CENTER

ADDRESS: 4635 SIMPSON
BILLINGS, MONTANA 59101

PHONE: 248-7594

CONTACT: JUDY SYNDERGAARD
PROGRAM MANAGER

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DAY CARE, RECREATION, RESPITE CARE.

SERVICE(S) TYPICALLY AVAILABLE:

RESPITE CARE, DAY CARE.

HOW TO APPLY:

CONTACT PROGRAM MANAGER OR DARLA GRENFELL, ADMINISTRATOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

NO ELIGIBILITY REQUIREMENTS.

EXIT OR GRADUATION CRITERIA:

NO EXIT REQUIREMENTS.

FEES AND PAYMENT ASSISTANCE:

SPECIAL CARE CENTER CHAGES $1.50/HR FOR 1-4 HOURS, $8 FLAT RATE FOR 5-9 HOURS, AFTER 9 HOURS THE CHARGE IS $1.50/HR. THE MAXIMUM IS $25 FOR 24 HOURS. THEY ACCEPT PUBLIC ASSISTANCE (SRS) PAYMENTS.

October 31, 1985

AGENCY: *SPECIAL CITIZEN'S CENTER

ADDRESS: 330 MAIN STREET SOUTHWEST
RONAN, MONTANA 59864

PHONE: 676-2563

CONTACT: GEORGE WEBER
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

LAKE.

AGES SERVED: 18 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, NONAMBULATORY**, PHYSICALLY IMPAIRED**, EMOTIONALLY DISTURBED, NEUROLOGICALLY IMPAIRED, DEAF, SEVERE BEHAVIOR PROBLEMS, AUTISTIC-LIKE, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED.

PROGRAM(S) OFFERED:

DAY TREATMENT, EDUCATION--CLASSROOM, GROUP HOME, RECREATION, RESIDENTIAL FACILITY, TRANSPORTATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, SEX EDUCATION, DAY CARE, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CLIENT COUNSELING.

HOW TO APPLY:

(1) REFERRAL BASIS.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) SRS/DDD SCREENING.

EXIT OR GRADUATION CRITERIA:

(1) IHP/TEAM MEETING; (2) ASSESSMENT TOOL.

SATELLITE LOCATIONS:

POLSON.

October 31, 1985

AGENCY: *SPECIAL TRAINING FOR EXCEPTIONAL PEOPLE (STEP)

ADDRESS: 1739 GRAND AVENUE
BILLINGS, MONTANA 59102

PHONE: 248-5420

CONTACT: RENA WHEELER
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

BIG HORN, CARBON, FERGUS, GOLDEN VALLEY, JUDITH BASIN, MUSSELSHELL, PETROLEUM, STILLWATER, SWEET GRASS, WHEATLAND, YELLOWSTONE.

AGES SERVED: BIRTH THROUGH 18 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, AUTISTIC-LIKE**, NONAMBULATORY**, PHYSICALLY IMPAIRED**, MILD MENTALLY RETARDED, DEVELOPMENTALLY DELAYED, EMOTIONALLY DISTURBED, EMOTIONALLY DISTURBED, NEUROLOGICALLY IMPAIRED, DEAF AND BLIND, BLIND, DEAF, LEARNING DISABLED, SEVERE BEHAVIOR PROBLEMS, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

EDUCATION--HOMEBASED, GROUP HOME, RESIDENTIAL FACILITY, RESPITE CARE.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, ADAPTIVE BEHAVIOR ASSESSMENT, BEHAVIOR THERAPY, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PARENT TRAINING, ADAPTIVE EQUIPMENT, RESPITE CARE, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, ADVOCACY, OUTREACH SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

STEP ALSO PROVIDES RESPITE FOR ADULTS.

HOW TO APPLY:

(1) CONTACT DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

SRS/DDD SCREENING.

EXIT OR GRADUATION CRITERIA:

(1) JOINT DECISION TRAINER & PARENTS; (2) IHP; (3) NON-USE OF SERVICES.

SATELLITE LOCATIONS:

2101 11TH AVE N, BILLINGS, 841 PARKHILL, BILLINGS.

November 5, 1985

AGENCY: *SPECIAL TRANSPORTATION, INC.

ADDRESS: 1148 1ST AVE. N., ROOM 204
BILLINGS, MONTANA 59101

PHONE: 248-8805

CONTACT: ORVAL MEYER
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

YELLOWSTONE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

TRANSPORTATION.

COMMENTS ON PROGRAMS/SERVICES:

SPECIAL TRANSPORTATION HAS A FLEET OF 12 VANS. THE COMPANY CONTRACTS WITH DEVELOPMENTAL DISABILITIES DIVISION AND EASTER SEAL TO PROVIDE DAYTIME TRANSPORTATION TO WORK AND MEDICAL APPOINTMENTS FOR DISABLED AND ELDERLY INDIVIDUALS. THE SERVICE ALSO HAS A CONTRACT WITH THE CITY OF BILLINGS TO PROVIDE DAY AND EVENING TRANSPORTATION TO DESTINATIONS OF CHOICE FOR DISABLED AND ELDERLY INDIVIDUALS. SPECIAL TRANSPORTATION WILL ALSO CONTRACT WITH GROUPS OR INDIVIDUALS FOR SPECIFIC TRANSPORTATION NEEDS.

HOW TO APPLY:

DISABLED INDIVIDUALS MUST OBTAIN CERTIFICATION FROM A DD OR OTHER HUMAN SERVICE AGENCY. AFTER OBTAINING CERTIFICATION, JUST CALL SPECIAL TRANSPORTATION AND ARRANGE A RIDE. SPECIAL TRANSPORTATION MUST HAVE AT LEAST A 24-HOUR NOTICE TO SCHEDULE A RIDE.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) HANDICAPPING CONDITION THAT DOES NOT ALLOW USE OF PUBLIC TRANSPORTATION; (2) FOR MEDICAL OR MEAL TRANSPORTATION, AGE 60 YEARS AND OLDER; (3) SOME TRANSPORTATION FOR HANDICAPPED PERSONS UNDER AGE 60.

EXIT OR GRADUATION CRITERIA:

NO EXIT REQUIREMENTS.

FEES AND PAYMENT ASSISTANCE:

SPECIAL TRANSPORTATION, INC., ACCEPTS DONATIONS THAT HELP DEFRAY OPERATING EXPENSES CHARGED TO CONTRACTING AGENCIES. THEY ACCEPT PUBLIC ASSISTANCE PAYMENTS AND MAY HAVE GRANTS-IN-AID AVAILABLE TO HELP DEFRAY COSTS.

October 31, 1985

AGENCY: *ST. IGNATIUS COMMUNITY DAY CARE CENTER, INC.

ADDRESS: P.O. BOX 461
ST. IGNATIUS, MT 59865

PHONE: 745-4187

CONTACT: CAROL LUNDBERG
EDUCATION DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

FLATHEAD, LAKE, RAVALLI, SANDERS.

AGES SERVED: 2 THROUGH 12 YEARS.

DISABILITY(IES) SERVED:

MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF**, BLIND**, LEARNING DISABLED**, AUTISTIC-LIKE**, NONAMBULATORY**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DAY CARE, DAY TREATMENT, EDUCATION--CLASSROOM, PUBLIC HEALTH, RECREATION, SOCIAL SERVICE/WELFARE, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--PRESCHOOL, MEDICAL ASSESSMENT, HEARING ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, DAY CARE, REFERRAL/FOLLOW-UP SERVICES, SPECIALIZED DIETARY/NUTRITIONAL SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

THIS PROGRAM PROVIDES MEDICAL SCREENING BY DOCTORS AND PUBLIC HEALTH PERSONNEL.

HOW TO APPLY:

(1) APPLY DIRECTLY THE PROGRAM.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) 2 THRU 12 YEARS; (2) SLIDING SCALE ACCORDING TO INCOME.

EXIT OR GRADUATION CRITERIA:

(1) REACHES AGE 12; (2) NO LONGER REQUIRES DAY CARE.

FEES AND PAYMENT ASSISTANCE:

CHARGES ARE VARIABLE WITH A SLIDING-SCALE PAYMENT PLAN. THEY ACCEPT PUBLIC ASSISTANCE PAYMENTS.

October 31, 1985

AGENCY: *ST. JOSEPH CONVALESCENT CENTER

ADDRESS: 1ST & 14TH AVENUE
POLSON, MONTANA 59860

PHONE: 883-4378

CONTACT: WILLIAM M. MC DONALI
ADMINISTRATOR

AGENCY TYPE: PRIVATE/FOR PROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, DEAF AND BLIND, BLIND, DEAF, LEARNING DISABLED, NONAMBULATORY, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, PHYSICALLY IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

EDUCATION--CLASSROOM, NURSING CARE, RECREATION, RESIDENTIAL FACILITY, RESPITE CARE, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

MEDICAL ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, SPEECH/LANGUAGE THERAPY, RECREATION THERAPY, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, RESPITE CARE.

HOW TO APPLY:

CONTACT ADMINISTRATOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) MEDICAID ELIGIBLE OR (2) PRIVATELY RESPONSIBLE AND (3) PHYSICIAN'S ADMISSION ORDERS.

EXIT OR GRADUATION CRITERIA:

(1) PHYSICIAN DECISION; (2) NO LONGER REQUIRE LONG TERM NURSING CARE.

FEES AND PAYMENT ASSISTANCE:

CHARGES RANGE FROM $42 TO $46.50 PER DAY. THE CENTER ACCEPTS INSURANCE AND MEDICARE/MEDICAID PAYMENTS.

October 31, 1985

AGENCY: *ST. LABRE HOME

ADDRESS: P.O. BOX 458
ASHLAND, MONTANA 59003

PHONE: 784-2234

CONTACT: GERRY KOGELMANN
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: 3 THROUGH 18 YEARS.

DISABILITY(IES) SERVED:

EMOTIONALLY DISTURBED**, SEVERE BEHAVIOR PROBLEMS**, MILD MENTALLY RETARDED, NEUROLOGICALLY IMPAIRED, LEARNING DISABLED, AUTISTIC-LIKE, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, RECREATION, RESIDENTIAL FACILITY.

SERVICE(S) TYPICALLY AVAILABLE:

PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, BEHAVIOR THERAPY, RECREATION THERAPY, FAMILY THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PARENT TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION, ADVOCACY.

COMMENTS ON PROGRAMS/SERVICES:

THIS PROGRAM IS SPECIFICALLY DESIGNED FOR NATIVE AMERICANS, BUT IT IS NOT A REQUIREMENT. THE PROGRAM ALSO HAS A YOUTH EMPLOYMENT PROGRAM FOR 18 YEAR OLDS.

HOW TO APPLY:

SRS, BIA, TRIBAL SOCIAL SERVICE REFERRALS, PRIVATE REFERRAL - ADMISSIONS PACKET.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) SRS/DDD SCREENING; (2) SPECIAL ADMISSIONS PACKET.

EXIT OR GRADUATION CRITERIA:

(1) STAFFING EVERY THREE MONTHS; (2) TREATMENT PLAN GOALS; (3) PLACEMENT AGENCY'S INPUT.

October 31, 1985

AGENCY: *STAR CAB COMPANY

ADDRESS: JOYLAND ROAD
LEWISTOWN, MONTANA 59457

PHONE: 538-3641

CONTACT: KRAIG KRUGER
OWNER

AGENCY TYPE: PRIVATE/FOR PROFIT

COUNTY(IES) SERVED:

FERGUS.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

TRANSPORTATION.

HOW TO APPLY:

(1) CALL CAB DISPATCHER/DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

THIS PROGRAM HAS NO ELIGIBILITY REQUIREMENTS.

EXIT OR GRADUATION CRITERIA:

(1) NO EXIT REQUIREMENTS.

October 31, 1985

AGENCY: *STILLWATER CONVALESCENT CENTER

ADDRESS: 350 WEST PIKE AVENUE
COLUMBUS, MONTANA 59019

PHONE: 322-5342

CONTACT: RONALD BORGMAN
ADMINISTRATOR

AGENCY TYPE: PRIVATE/FOR PROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, MULTIPLY HANDICAPPED, DEVELOPMENTALLY DELAYED, EMOTIONALLY DISTURBED, NEUROLOGICALLY IMPAIRED, DEAF AND BLIND, BLIND, DEAF, LEARNING DISABLED, SEVERE BEHAVIOR PROBLEMS, NONAMBULATORY, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

DAY TREATMENT, EDUCATION--CLASSROOM, NURSING CARE, RECREATION, RESIDENTIAL FACILITY, SOCIAL SERVICE, SOCIAL SERVICE/WELFARE, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, SELF-HELP TRAINING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, SPECIALIZED DIETARY/NUTRITIONAL SERVICES.

HOW TO APPLY:

(1) CONTACT ADMINISTRATOR OR DIRECTOR OF NURSING; (2) REFERRAL BY PHYSICIAN, FAMILY, OR SOCIAL WORKER.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) SRS/DDD SCREENING.

EXIT OR GRADUATION CRITERIA:

IHP TEAM DETERMINATION.

FEES AND PAYMENT ASSISTANCE:

THERE IS A CHARGE FOR SERVICE. THE CONVALESCENT CENTER ACCEPTS MEDICARE/MEDICAID AND PUBLIC ASSISTANCE PAYMENTS.

October 31, 1985

AGENCY: *STILLWATER/SWEETGRASS COOPERATIVE

ADDRESS: COLUMBUS HIGH SCHOOL
COLUMBUS, MONTANA 59019

PHONE: 322-5373

CONTACT: LANNY STENE
COOPERATIVE DIRECTOR

AGENCY TYPE: SPECIAL EDUCATION COOPERATIVE

COUNTY(IES) SERVED:

STILLWATER, SWEET GRASS.

AGES SERVED: 5 THROUGH 18 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, MODERATE MENTALLY RETARDED.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, MEDICAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PARENT TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, PARENT COUNSELING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA.

HOW TO APPLY:

(1) CONTACT DIRECTOR; (2) REFERRAL BASIS.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) PUBLIC LAW 94-142; (3) CHILD STUDY TEAM PLACEMENT.

EXIT OR GRADUATION CRITERIA:

(1) AGE 18 YEARS; (2) PLACEMENT IN OTHER PROGRAM; (3) CHILD STUDY TEAM DETERMINATION.

October 31, 1985

AGENCY: *SUMMIT INDEPENDENT LIVING CENTER

ADDRESS: 1280 South 3rd West
Missoula, MT 59801

PHONE: 728-1630

CONTACT: ANDY WINNEGAR
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

FLATHEAD, MISSOULA, RAVALLI, STATEWIDE.

AGES SERVED: 15 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, NONAMBULATORY**, PHYSICALLY IMPAIRED**, MILD MENTALLY RETARDED, DEVELOPMENTALLY DELAYED, EMOTIONALLY DISTURBED, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED, MODERATE MENTALLY RETARDED, MILD MENTALLY RETARDED, DEVELOPMENTALLY DELAYED, NEUROLOGICALLY IMPAIRED, DEAF AND BLIND, BLIND, DEAF, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

ADVOCACY, DIAGNOSTIC/EVALUATION, EDUCATION--HOMEBASED, INDEPENDENT/SEMI-INDEPENDENT LIVING, PUBLIC HEALTH, RESPITE CARE, SOCIAL SERVICE/WELFARE.

SERVICE(S) TYPICALLY AVAILABLE:

SELF-HELP TRAINING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, SEX EDUCATION, RESPITE CARE, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION, ADVOCACY, OUTREACH SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

SUMMIT ALSO OFFERS ATTENDANT MANAGEMENT TRAINING AND COORDINATION, PEER COUNSELING TRAINING AND REFERRAL, AN EQUIPMENT LOAN PROGRAM, A RELAY SERVICE FOR THE DEAF, RESPITE SERVICES FOR THE HEAD INJURED, AND ACCESSIBILITY CONSULTATION.

HOW TO APPLY:

(1) CONTACT AGENCY FOR INFORMATION; (2) FILL OUT APPLICATION; (3) MEET WITH STAFF MEMBER.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) 16 YEARS OF AGE OR OLDER; (2) CONDITION INHIBITING INDEPENDENT LIVING; (3) MEDICALLY STABLE; (4) SHOW ABILITY TO MEET FINANCIAL REQUIREMENTS; (5) WILLINGNESS TO SIGN AN INDEPENDENCE PLAN AND DEFINE GOALS.

EXIT OR GRADUATION CRITERIA:

(1) COMPLETION OF GOALS & OBJECTIVES; (2) CLIENT'S DECISION.

FEES AND PAYMENT ASSISTANCE:

CHARGES ARE VARIABLE WITH A SLIDING-SCALE PAYMENT PLAN. SUMMIT ACCEPTS INSURANCE AND MEDICARE/MEDICAID PAYMENTS.

October 31, 1985

AGENCY: *SWEET MEMORIAL NURSING HOME

ADDRESS: CHINOOK, MONTANA 59523

PHONE: 357-2549

CONTACT: BETTY JO CONNER
ADMINISTRATOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

BLAINE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

GROUP HOME, RECREATION, RESIDENTIAL FACILITY.

SERVICE(S) TYPICALLY AVAILABLE:

DIETARY/NUTRITION ASSESSMENT, RECREATION THERAPY, SELF-HELP TRAINING, SOCIAL/RECREATION ACTIVITIES, REFERRAL/FOLLOW-UP SERVICES, SPECIALIZED DIETARY/NUTRITIONAL SERVICES.

HOW TO APPLY:

(1) BE REFERRED BY WELFARE AGENCY OR PHYSICIAN.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) REFERRAL SYSTEM/CRITERIA.

EXIT OR GRADUATION CRITERIA:

(1) DISCHARGE PLANNING COMMITTEE DETERMINES WHEN READY TO EXIT.

FEES AND PAYMENT ASSISTANCE:

THERE IS A CHARGE FOR SERVICE. THE HOME ACCEPTS MEDICAID AND PUBLIC ASSISTANCE PAYMENTS.

AGENCY: *TETON NURSING HOME

October 31, 1985

ADDRESS: 24 MAIN AVENUE NORTH
CHOTEAU, MONTANA 59422

PHONE: 466-5338

CONTACT: ARLENE WOLBAUM
ADMINISTRATOR

AGENCY TYPE: LOCAL, STATE, OR FEDERAL SUPPORT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

FAMILY TRAINING AND SUPPORT, NURSING CARE, RECREATION, RESIDENTIAL FACILITY, SOCIAL SERVICE, SOCIAL SERVICE/WELFARE, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

DENTAL ASSESSMENT, VISUAL ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, PHYSICAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, FAMILY THERAPY, SELF-HELP TRAINING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, REFERRAL/FOLLOW-UP SERVICES, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, ADVOCACY.

HOW TO APPLY:

CONTACT ADMINISTRATOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

NO ELIGIBILITY REQUIREMENTS.

EXIT OR GRADUATION CRITERIA:

DISCHARGE PLANNING COMMITTEE.

FEES AND PAYMENT ASSISTANCE:

THERE IS A CHARGE FOR SERVICE. THE NURSING HOME ACCEPTS MEDICARE/MEDICAID PAYMENTS.

October 31, 1985

AGENCY: *TRI COUNTY DD, INC. / M/G TRANSPORTATION

ADDRESS: P.O. BOX 1066
HELENA, MONTANA 59601

PHONE: 443-2376

CONTACT: BILL EMGE
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

LEWIS & CLARK.

AGES SERVED: 18 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, PHYSICALLY IMPAIRED**, MULTIPLY HANDICAPPED, SEVERE/PROFOUND MENTALLY RETARDED, EMOTIONALLY DISTURBED, NEUROLOGICALLY IMPAIRED, LEARNING DISABLED, SEVERE BEHAVIOR PROBLEMS, NONAMBULATORY, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

DAY CARE, GROUP HOME, INDEPENDENT/SEMI-INDEPENDENT LIVING, RECREATION, RESIDENTIAL FACILITY, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

ADAPTIVE BEHAVIOR ASSESSMENT, BEHAVIOR THERAPY, RECREATION THERAPY, SELF-HELP TRAINING, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION, OUTREACH SERVICES.

HOW TO APPLY:

(1) THROUGH CASE MANAGEMENT.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

SRS/DDD SCREENING.

EXIT OR GRADUATION CRITERIA:

(1) STATE SCREENING PROCESS--45-DAY CORRECTIVE ACTION PLAN; (2) 90-DAYS TO MOVE CLIENT.

October 31, 1985

AGENCY: *TRI-COUNTY SPECIAL EDUCATION COOPERATIVE

ADDRESS: BOX 515
BROADUS, MONTANA 59317

PHONE: 436-2850

CONTACT: VALERIE CHILDRESS
COORDINATOR

AGENCY TYPE: SPECIAL EDUCATION COOPERATIVE

COUNTY(IES) SERVED:

CARTER, POWDER RIVER, ROSEBUD.

AGES SERVED: 5 THROUGH 18 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT TRAINING, TRANSPORTATION, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA.

HOW TO APPLY:

(1) PARENT, SCHOOL REFERRAL; (2) CHILDREN IDENTIFIED IN PRE-SCHOOL SCREENING.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) PUBLIC LAW 94-142; (3) CHILD STUDY TEAM PLACEMENT.

EXIT OR GRADUATION CRITERIA:

(1) CHILD STUDY TEAM DETERMINES.

October 31, 1985

AGENCY: *VALLEY VISTA MANOR

ADDRESS: 402 SUMMIT AVENUE
LEWISTOWN, MT 59437

PHONE: 538-8775

CONTACT: BILL MC LAIN
ADMINISTRATOR

AGENCY TYPE: PRIVATE/FOR PROFIT

COUNTY(IES) SERVED:

FERGUS.

AGES SERVED: 21 YEARS AND OLDER.

DISABILITY(IES) SERVED:

SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, NONAMBULATORY**, PHYSICALLY IMPAIRED**, MULTIPLY HANDICAPPED, MILD MENTALLY RETARDED, EMOTIONALLY DISTURBED, BLIND, DEAF, AUTISTIC-LIKE, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

MENTAL HEALTH, RECREATION, RESIDENTIAL FACILITY, SOCIAL SERVICE/WELFARE, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, PHYSICAL THERAPY, RECREATION THERAPY, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, OUTREACH SERVICES.

HOW TO APPLY:

(1) CONTACT NURSING HOME.

EXIT OR GRADUATION CRITERIA:

(1) STAFF EVALUATION.

AGENCY: *VERY SPECIAL ARTS MONTANA

October 31, 1985

ADDRESS: RM. 108 MCGILL, U OF M
MISSOULA MT 59812

PHONE: 243-4847

CONTACT: DONNA BOOTH
STATE COORDINATOR

AGENCY TYPE: PRIVATE/NONPROFIT

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, OTHER HEALTH IMPAIRED**.

PROGRAM(S) OFFERED:

ART THERAPY APPROACH.

SERVICE(S) TYPICALLY AVAILABLE:

ADVOCACY, OUTREACH SERVICES.

HOW TO APPLY:

A POTENTIAL CLIENT SHOULD CONTACT A LOCAL SCHOOL OR SERVICE AGENCY.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

THERE ARE NO ELIGIBILITY REQUIREMENTS.

EXIT OR GRADUATION CRITERIA:

THERE ARE NO EXIT REQUIREMENTS.

AGENCY: *VOCATIONAL PLACEMENT AND JOB TRAINING

October 31, 1985

ADDRESS: 928 BROADWATER CTR., SUITE 212
BILLINGS, MONTANA 59102

PHONE: 245-6323

CONTACT: RITA SCHILLING
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

YELLOWSTONE.

AGES SERVED: 18 YEARS AND OLDER.

DISABILITY(IES) SERVED:

SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, AUTISTIC-LIKE**, MULTIPLY HANDICAPPED, DEVELOPMENTALLY DELAYED, EMOTIONALLY DISTURBED, NEUROLOGICALLY IMPAIRED, LEARNING DISABLED, NONAMBULATORY, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, PHYSICALLY IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

VOCATIONAL REHABILITATION.

SERVICE(S) TYPICALLY AVAILABLE:

VOCATIONAL ASSESSMENT, REHABILITATION/HABILITATION TRAINING, VOCATIONAL TRAINING, REFERRAL/FOLLOW-UP SERVICES.*

COMMENTS ON PROGRAMS/SERVICES:

THE JOB PLACEMENT PROGRAM MATCHES THE CLIENT TO THE WORK SKILLS, PROVIDES INDIVIDUAL SKILLS ASSESSMENT ON THE JOB, AND PROVIDES A VOCATIONAL TRAINER TO WORK ALONGSIDE THE CLIENT, TRAINING DAY BY DAY UNTIL HE CAN WORK INDEPENDENTLY. FOLLOW UP IS PROVIDED AS LONG AS A YEAR IF NECESSARY.

HOW TO APPLY:

CONTACT COUNTY WELFARE DEPARTMENT. A SOCIAL WORKER WITHIN THE DEPARTMENT MAKES THE REFERRAL.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) SRS/DDD SCREENING; (2) PRIMARY CONDITION IS DEVELOPMENTALLY DISABLED; (3) 18 YEARS AND OLDER.

EXIT OR GRADUATION CRITERIA:

(1) GRADUATE, (2) DETERMINED BY IHP TEAM MEETING, OR REFERRAL TO OTHER SERVICE.

October 31, 1985

AGENCY: *WAYSIDE NURSING HOME

ADDRESS: 2222 RATTLESNAKE ROAD
MISSOULA, MONTANA 59801

PHONE: 549-6158

CONTACT: PAT SJOLIE
DIRECTOR OF NURSING

AGENCY TYPE:

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

RECREATION, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, RECREATION THERAPY, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION.

HOW TO APPLY:

CONTACT FACILITY ADMINISTRATOR, DIRECTOR, OR DIRECTOR OF NURSING.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) DEFINED PAYMENT SOURCE; (2) PATIENT'S NEEDS WITHIN STAFF'S CAPABILITIES.

EXIT OR GRADUATION CRITERIA:

(1) PHYSICIAN APPROVAL; (2) FAMILY REQUEST.

FEES AND PAYMENT ASSISTANCE:

THERE IS A CHARGE FOR SERVICE. THE HOME ACCEPTS MEDICARE/MEDICAID AND PUBLIC ASSISTANCE PAYMENTS.

October 31, 1985

AGENCY: *WEE CARE DAY CARE

ADDRESS: 501 SOUTH 29TH
BILLINGS, MONTANA 59101

PHONE: 252-0693

CONTACT: LAVERNE ROMERO
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

YELLOWSTONE

AGES SERVED: 6 MONTHS THROUGH 10 YEARS

DISABILITY(IES) SERVED:

MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DAY CARE, EDUCATION--CLASSROOM, LIBRARY, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

SPECIALIZED DIETARY/NUTRITIONAL SERVICES.

HOW TO APPLY:

(1) CALL PROGRAM DIRECTOR. (2) CONTACT REST HOME.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

6 MONTHS TO 10 YEARS OF AGE.

EXIT OR GRADUATION CRITERIA:

(1) NO LONGER REQUIRES DAY CARE.

October 31, 1985

AGENCY: *WEST-MONT HABILITATION

ADDRESS: P.O. BOX 5059
HELENA, MONTANA 59604

PHONE: 442-4012

CONTACT: GREG A. OLSEN
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

LEWIS & CLARK.

AGES SERVED: 9 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, MILD MENTALLY RETARDED, DEVELOPMENTALLY DELAYED, EMOTIONALLY DISTURBED, LEARNING DISABLED.

PROGRAM(S) OFFERED:

GROUP HOME, RECREATION, RESIDENTIAL FACILITY, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

SPEECH/LANGUAGE ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, SEX EDUCATION, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, HOME AND COMMUNITY LIFE SKILLS TRAINING.

COMMENTS ON PROGRAMS/SERVICES:

THEY ALSO PROVIDE A BASIC LIFE SKILLS PROGRAM.

HOW TO APPLY:

(1) REFERRAL THROUGH SRS SOCIAL SERVICES.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) SRS/DDD SCREENING.

EXIT OR GRADUATION CRITERIA:

EXIT IS DETERMINED ON AN INDIVIDUALIZED BASIS USUALLY AFTER BEHAVIOR PROBLEMS ARE ELIMINATED.

October 31, 1985

AGENCY: *WHEATLAND MEMORIAL NURSING HOME

ADDRESS: 530 THIRD STREET NORTHWEST
HARLOWTON, MONTANA 59036

PHONE: 632-4351

CONTACT: JOHN JOHNSON
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: NO AGE LIMIT.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, HOSPITAL, RECREATION, RESIDENTIAL FACILITY, WORK ACTIVITIES.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, MEDICAL ASSESSMENT, DENTAL ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, PHYSICAL THERAPY, RECREATION THERAPY, FAMILY THERAPY, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, REFERRAL/FOLLOW-UP SERVICES, SPECIALIZED DIETARY/NUTRITIONAL SERVICES.

HOW TO APPLY:

CONTACT PROGRAM DIRECTOR.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

THIS PROGRAM HAS NO ELIGIBILITY REQUIREMENTS.

EXIT OR GRADUATION CRITERIA:

ASSESSMENT BY NURSING AND PATIENT CARE COMMITTEE.

October 31, 1985

AGENCY: *WHITEFISH SCHOOLS

ADDRESS: P.O. BOX 198
WHITEFISH, MONTANA 59937

PHONE: 862-5227

CONTACT: JOHN MORRIS
DIRECTOR OF SPECIAL EDUCATION

AGENCY TYPE: PUBLIC SCHOOL

COUNTY(IES) SERVED:

FLATHEAD.

AGES SERVED: 3 THROUGH 21 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, PUBLIC HEALTH, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, ADAPTIVE EQUIPMENT ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, REHABILITATION/HABILITATION TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, PARENT COUNSELING, CLIENT COUNSELING/PSYCHOTHERAPY, ADAPTIVE EQUIPMENT, TRANSPORTATION, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, ADVOCACY, PROTECTIVE/LEGAL SERVICES, OUTREACH SERVICES.

HOW TO APPLY:

(1) CONTACT SCHOOL PSYCHOLOGIST.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS.

EXIT OR GRADUATION CRITERIA:

CHILD STUDY TEAM DECISION.

October 31, 1985

AGENCY: *Y.W.C.A. SEMI-INDEPENDENT LIVING PROGRAM

ADDRESS: 909 WYOMING AVENUE
BILLINGS, MONTANA 5912

PHONE: 248-9041

CONTACT: LIBBY HOUGHTON
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

YELLOWSTONE.

AGES SERVED: 19 YEARS AND OLDER.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, NEUROLOGICALLY IMPAIRED**, SEVERE/PROFOUND MENTALLY RETARDED, DEVELOPMENTALLY DELAYED, EMOTIONALLY DISTURBED, AUTISTIC-LIKE, NONAMBULATORY, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, PHYSICALLY IMPAIRED, HEARING IMPAIRED, VISUALLY IMPAIRED.

PROGRAM(S) OFFERED:

EDUCATION--HOMEBASED, INDEPENDENT/SEMI-INDEPENDENT LIVING, RESIDENTIAL FACILITY, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

BEHAVIOR THERAPY, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, REFERRAL/FOLLOW-UP SERVICES, INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION, CLIENT COUNSELING.

HOW TO APPLY:

(1) COUNTY RESOURCE DEPT. OR SOCIAL WORKER.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) 18 YEARS OF AGE AND OLDER; (2) COUNTY RESOURCE DEPATMENT INTAKE AND REFERRAL; (3) ASSESSMENT TOOL FOR PROGRAMS.

EXIT OR GRADUATION CRITERIA:

(1) SKILL ASSESSMENT TOOL OR TEAM.

October 31, 1985

AGENCY: *YELLOWSTONE BOYS & GIRLS RANCH
RESIDENTIAL TREATMENT CENTER

ADDRESS: 1732 S 72ND ST. W., RT 1
BILLINGS, MONTANA 59106

PHONE: 656-3001

CONTACT: LOREN SOFT
EXECUTIVE DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: 6 THROUGH 18 YEARS.

DISABILITY(IES) SERVED:

EMOTIONALLY DISTURBED**, SEVERE BEHAVIOR PROBLEMS**, MODERATE MENTALLY RETARDED, MILD MENTALLY RETARDED, DEVELOPMENTALLY DELAYED, LEARNING DISABLED, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, GROUP HOME, MENTAL HEALTH, RECREATION, RESIDENTIAL FACILITY, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

MEDICAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, BEHAVIOR THERAPY, RECREATION THERAPY, FAMILY THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, REHABILITATION/HABILITATION TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, PARENT COUNSELING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, TRANSPORTATION, SEX EDUCATION, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES.

COMMENTS ON PROGRAMS/SERVICES:

IN ADDITION TO THE SERVICES LISTED ABOVE THEY OFFER SEXUAL ABUSE PROGRAMMING.

HOW TO APPLY:

(1) PRIVATE, COURT, OR SOCIAL SERVICE REFERRAL.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) ASSESSMENT TOOL; (2) ADMISSION AGE 6-14 YEARS.

EXIT OR GRADUATION CRITERIA:

(1) COMPLETED TREATMENT PLAN.

FEES AND PAYMENT ASSISTANCE:

FEES RANGE FROM $1300 TO $3000 PER MONTH DEPENDING ON TREATMENT SERVICES RECEIVED. NONRESIDENT OR OUT-OF-STATE CLIENTS ARE ALSO CHARGED TUITION AND FEES FOR EDUCATIONAL COSTS. SPECIAL RATES ARE AVAILABLE FOR MONTANA SRS-PLACED YOUTH. YELLOWSTONE ACCEPTS INSURANCE AND MEDICARE/MEDICAID PAYMENTS.

October 31, 1985

AGENCY: *YELLOWSTONE BOYS-GIRLS RANCH,
SCHOOL DISTRICT NO. 58

ADDRESS: ROUTE 1, BOX 212
BILLINGS, MONTANA 59106

PHONE: 656-2198

CONTACT: DR. JIM BRYNGELSON
SPECIAL EDUCATION
DIRECTOR

AGENCY TYPE: PUBLIC SCHOOL

COUNTY(IES) SERVED:

STATEWIDE.

AGES SERVED: 6 THROUGH 18 YEARS (SEVERELY HANDICAPPED ONLY).

DISABILITY(IES) SERVED:

EMOTIONALLY DISTURBED**, SEVERE BEHAVIOR PROBLEMS**, LEARNING DISABLED, SEVERE SPEECH/LANGUAGE IMPAIRED, MILD SPEECH/LANGUAGE IMPAIRED, HEARING IMPAIRED.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, RESIDENTIAL FACILITY.

SERVICE(S) TYPICALLY AVAILABLE:

MEDICAL ASSESSMENT, DENTAL ASSESSMENT, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, RECREATION THERAPY, FAMILY THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, PARENT COUNSELING, CLIENT COUNSELING/PSYCHOTHERAPY, SOCIAL/RECREATION ACTIVITIES, ADAPTIVE EQUIPMENT, TRANSPORTATION, SEX EDUCATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, ADVOCACY, PROTECTIVE/LEGAL SERVICES, OUTREACH SERVICES.

HOW TO APPLY:

CONTACT DIRECTOR OF ADMISSIONS.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) PL 94-142; (3) CHILD STUDY TEAM.

EXIT OR GRADUATION CRITERIA:

(1) CHILD STUDY TEAM DECIDES WHEN READY TO LEAVE.

FEES AND PAYMENT ASSISTANCE:

THE SCHOOL DISTRICT CHARGES TUITION. THEY ACCEPT MEDICARE/MEDICAID PAYMENTS. TALK WITH THEM ABOUT AVAILABLE GRANTS-IN-AID THAT MAY HELP DEFRAY COSTS.

October 31, 1985

AGENCY: *YELLOWSTONE COUNTY HEAD START, INC.

ADDRESS: P.O. BOX 2056
BILLINGS, MONTANA 59103

PHONE: 245-7233

CONTACT: JUDY BRYNGELSON
DIRECTOR

AGENCY TYPE: PRIVATE/NONPROFIT

COUNTY(IES) SERVED:

YELLOWSTONE.

AGES SERVED: 3 THROUGH 5 YEARS.

DISABILITY(IES) SERVED:

MULTIPLY HANDICAPPED**, SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, NEUROLOGICALLY IMPAIRED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, SEVERE BEHAVIOR PROBLEMS**, AUTISTIC-LIKE**, SEVERE SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, NONAMBULATORY, MILD SPEECH/LANGUAGE IMPAIRED.

PROGRAM(S) OFFERED:

EDUCATION--CLASSROOM, EDUCATION--HOMEBASED, TRANSPORTATION.

SERVICE(S) TYPICALLY AVAILABLE:

DEVELOPMENTAL ASSESSMENT--PRESCHOOL, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, DIETARY/NUTRITION ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, FAMILY THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT TRAINING, PARENT COUNSELING, TRANSPORTATION, CASE MANAGEMENT, REFERRAL/FOLLOW-UP SERVICES, CONSULTATION/TA, SPECIALIZED DIETARY/NUTRITIONAL SERVICES, ADVOCACY.

HOW TO APPLY:

CONTACT PROGRAM SOCIAL WORKER.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) WITHIN FEDERAL POVERTY LEVEL; (2) CHILDREN 3 TO 5 YEARS OLD; (3) LIVE IN LAUREL, LOCKWOOD, OR BILLINGS.

EXIT OR GRADUATION CRITERIA:

MAY EXIT PRIOR TO ENTERING KINDERGARTEN.

FEES AND PAYMENT ASSISTANCE:

THERE IS NO CHARGE FOR SERVICE.

SATELLITE LOCATIONS:

LAUREL, LOCKWOOD.

October 31, 1985

AGENCY: *YELLOWSTONE-WEST/CARBON COUNTY SPECIAL SERVICES COOPERATIVE

ADDRESS: 502 EIGHTH AVENUE
LAUREL, MONTANA 59044

PHONE: 628-7903

CONTACT: VERN BARKELL
COOPERATIVE DIRECTOR

AGENCY TYPE: SPECIAL EDUCATION COOPERATIVE

COUNTY(IES) SERVED:

BIG HORN, CARBON, YELLOWSTONE.

AGES SERVED: BIRTH THROUGH 21 YEARS.

DISABILITY(IES) SERVED:

SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, MULTIPLY HANDICAPPED, AUTISTIC-LIKE, NEUROLOGICALLY IMPAIRED, SEVERE BEHAVIOR PROBLEMS.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, PARENT COUNSELING.

COMMENTS ON PROGRAMS/SERVICES:

FUNDING FOR OUT-OF-DISTRICT TRANSPORTATION DETERMINED ON AN INDIVIDUAL BASIS.

HOW TO APPLY:

(1) REFERRAL BASIS; (2) CALL VERN BARKELL, DIRECTOR; (3) CALL SATELLITE OFFICE; OR (4) CONTACT LOCAL SCHOOL ADMINISTRATION OFFICE.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) PUBLIC LAW 94-142; (3) CHILD STUDY TEAM PLACEMENT.

EXIT OR GRADUATION CRITERIA:

October 31, 1985

AGENCY: *YELLOWSTONE-WEST/CARBON COUNTY SPECIAL SERVICES COOPERATIVE

ADDRESS: 502 EIGHTH AVENUE
LAUREL, MONTANA 59044

PHONE: 628-7903

CONTACT: VERN BARKELL
COOPERATIVE DIRECTO

AGENCY TYPE: SPECIAL EDUCATION COOPERATIVE

COUNTY(IES) SERVED:

BIG HORN, CARBON, YELLOWSTONE.

AGES SERVED: BIRTH THROUGH 21 YEARS.

DISABILITY(IES) SERVED:

SEVERE/PROFOUND MENTALLY RETARDED**, MODERATE MENTALLY RETARDED**, MILD MENTALLY RETARDED**, DEVELOPMENTALLY DELAYED**, EMOTIONALLY DISTURBED**, DEAF AND BLIND**, DEAF**, BLIND**, LEARNING DISABLED**, NONAMBULATORY**, SEVERE SPEECH/LANGUAGE IMPAIRED**, MILD SPEECH/LANGUAGE IMPAIRED**, HEARING IMPAIRED**, VISUALLY IMPAIRED**, PHYSICALLY IMPAIRED**, MULTIPLY HANDICAPPED, AUTISTIC-LIKE, NEUROLOGICALLY IMPAIRED, SEVERE BEHAVIOR PROBLEMS.

PROGRAM(S) OFFERED:

DIAGNOSTIC/EVALUATION, EDUCATION--CLASSROOM, EDUCATION--HOMEBASED.

SERVICE(S) TYPICALLY AVAILABLE:

NEUROLOGICAL ASSESSMENT, DEVELOPMENTAL ASSESSMENT--INFANT, DEVELOPMENTAL ASSESSMENT--PRESCHOOL, VISUAL ASSESSMENT, HEARING ASSESSMENT, SPEECH/LANGUAGE ASSESSMENT, PERSONALITY ASSESSMENT, INTELLIGENCE/COGNITIVE ASSESSMENT, VOCATIONAL ASSESSMENT, PERCEPTUAL/MOTOR ASSESSMENT, ACADEMIC ASSESSMENT, ADAPTIVE BEHAVIOR ASSESSMENT, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/LANGUAGE THERAPY, BEHAVIOR THERAPY, ACADEMIC INSTRUCTION, SELF-HELP TRAINING, PARENT TRAINING, PREVOCATIONAL TRAINING, VOCATIONAL TRAINING, PARENT COUNSELING.

COMMENTS ON PROGRAMS/SERVICES:

FUNDING FOR OUT-OF-DISTRICT TRANSPORTATION DETERMINED ON AN INDIVIDUAL BASIS.

HOW TO APPLY:

(1) REFERRAL BASIS; (2) CALL VERN BARKELL, DIRECTOR; (3) CALL SATELLITE OFFICE; OR (4) CONTACT LOCAL SCHOOL ADMINISTRATION OFFICE.

ELIGIBILITY REQUIREMENTS FOR RECEIVING SERVICES:

(1) OPI RULES/REGULATIONS; (2) PUBLIC LAW 94-142; (3) CHILD STUDY TEAM PLACEMENT.

EXIT OR GRADUATION CRITERIA:

CHILD STUDY TEAM DETERMINATION.

SATELLITE LOCATIONS:

BELFRY, BILLINGS.

ALPHABETICAL INDEX

ABC DAY CARE CENTER

ACTIVITIES UNLIMITED

ANACONDA SCHOOLS SPECIAL EDUCATION

ANACONDA WORK ACTIVITIES REACHING TOWARD EMPLOYMENT (AWARE)

ARROW MEDICAL SUPPLIES (SEE ARROW MEDICAL SERVICES)

ASMSU DAYCARE

ASUM CHILDREN'S LEARNING CENTER

AWARE (SEE ANACONDA WORK ACTIVITIES REACHING TOWARD EMPLOYMENT)

BAKER SPECIAL EDUCATION COOPERATIVE

BEAR PAW LEARNING RESOURCE CENTER

BELGRADE SCHOOLS/SPECIAL EDUCATION

BIG BEAR RESOURCES

BIG COUNTRY EDUCATIONAL COOPERATIVE

BIG HORN COUNTY MEMORIAL HOSPITAL AND NURSING HOME

BIG SANDY ACTIVITIES

BIG SKY EARLY EDUCATION CENTER (BIG SKY PRESCHOOL)

BIG SKY PRESCHOOL

BIG SKY SPECIAL EDUCATION COOPERATIVE

BIGFORK CONVALESCENT CENTER

BILLINGS METROPOLITAN TRANSIT DIVISION OF THE CITY OF BILLINGS

BILLINGS OPTIMIST CLUB CAMP

BILLINGS SCHOOL DISTRICT NO. 2 (AUDIOLOGICAL SERVICES)

BILLINGS WORKSHOP, INC.

BITTERROOT VALLEY COOPERATIVE

BLACKFEET D.D. PROGRAM, INC.

BLACKFEET HEAD START/SPECIAL SERVICES COMPONENT

BLACKFEET INFANT PROGRAM

BLACKFEET NURSING HOME

BLAINE COUNTY ACTIVITIES

BOARD OF VISITORS (SEE MENTAL DISABILITIES BOARD OF VISITORS)

BOULDER RIVER SCHOOL AND HOSPITAL ICFMR (SEE MONTANA DEVELOPMENTAL CENTER)

BOV (SEE MENTAL DISABILTIES BOARD OF VISITORS)

BOZEMAN CITY TAXI (SEE CITY TAXI, BOZEMAN)

BOZEMAN CONVALESCENT CENTER

BOZEMAN EASTER SEAL (SEE AUDIOLOGICAL SERVICES)

BOZEMAN PUBLIC SCHOOLS

BREEM (SEE BROWNING BLACKFEET RURAL EARLY EDUCATION MODEL OR BLACKFEET INFANT PROGRAM)

BROWNING SCHOOL DISTRICT NO. 9

BUTTE CITY TAXI (SEE CITY TAXI, BUTTE)

BUTTE CONVALESCENT CENTER

BUTTE EASTER SEAL (AUDIOLOGICAL SERVICES)

BUTTE HEAD START

BUTTE PARK ROYAL CONVALESCENT CENTER

BUTTE SCHOOL DISTRICT

BUTTE SHELTERED WORKSHOP

CA (SEE CITIZENS ADVOCACY)

CAREER GUIDANCE CENTER (SEE BILLINGS WORKSHOP)

CASCADE COUNTY CONVALESCENT NURSING HOME

CDC (SEE COMPREHENSIVE DEVELOPMENT CENTER)

CENTRAL MONTANA LEARNING RESOURCE CENTER

CENTRAL MONTANA NURSING HOME

CHARLES CAMPBELL CHILDREN'S CAMP FOR THE PHYSICALLY HANDICAPPED

CHILD DEVELOPMENT CENTER (SEE COMPREHENSIVE DEVELOPMENT CENTER)

CHILDREN'S CENTER OF HELENA, INC.

CHILDRENS WORLD DAY CARE CENTER (SEE CHILDRENS DAY CARE CENTER)

CHOTEAU ACTIVITIES

CHOTEAU COUNTY DISTRICT HOSPITAL AND NURSING HOME

CHRISTIKON

CHRISTOPHER ROBBINS PRESCHOOL

CITIZENS ADVOCACY

CITY TAXI (BOZEMAN)

CITY TAXI (BUTTE)

CLARK TRANSPORTATION

CLIFFORD HOOPES (TRANSPORTATION)

CO-TEACH PROJECT

COLSTRIP SCHOOL DISTRICT NO. 19

COLUMBIA FALLS SCHOOLS

COMMUNITY COVENANT CHURCH CENTRAL STREET HOUSES

COMMUNITY NURSING AND REHABILITATION FACILITY

COMPREHENSIVE DEVELOPMENT CENTER

COMPREHENSIVE HEARING SERVICES (SEE AUDIOLOGICAL SERVICES)

CONFEDERATED SALISH & KOOTENAI TRIBES FLATHEAD HEAD START

CONRAD EASTER SEAL (SEE AUDIOLOGICAL SERVICES)

COONEY CONVALESCENT HOME

COUNTERPOINT, INC.

CROW RESERVATION HEAD START

CUSTER COUNTY REST HOME

CUSTER COUNTY SPECIAL EDUCATION COOPERATIVE (SEE BIG COUNTRY EDUCATIONAL COOPERATIVE)

DANIELS MEMORIAL NURSING HOME

DANIELS/SHERIDAN SPECIAL EDUCATION COOPERATIVE

DEAP (SEE DEVELOPMENTAL EDUCATIONAL ASSISTANCE PROGRAM)

DEVELOPMENTAL EDUCATIONAL ASSISTANCE PROGRAM (DEAP)

DILLON SPECIAL RESOURCES (DSR)

DISTRICT IV HUMAN RESOURCES DEVELOPMENT COUNCIL

DISTRICT VII HUMAN RESOURCES DEVELOPMENT COUNCIL - YOUTH EMPLOYMENT

DISTRICT XII HUMAN RESOURCE DEVELOPMENT COUNCIL

DSR (SEE DILLON SPECIAL RESOURCES)

DUSTY BULL TRAINING CENTER (SEE BLACKFEET D.D. PROGRAM, INC.)

EAGLE MOUNT

EARLY CHILDHOOD CENTER

EASTER SEAL ADULT TRAINING CENTER

EASTERN MONTANA COMMUNITY MENTAL HEALTH CENTER

EASTERN MONTANA INDUSTRIES

EASTERN YELLOWSTONE COUNTY SPECIAL EDUCATION COOPERATIVE
LOCKWOOD
SCHOOL

EASTMONT HUMAN SERVICES CENTER

EDUCATION SPECIALISTS CONSORTIUM

EHSC (SEE EASTMONT HUMAN SERVICES CENTER)

EVERGREEN SCHOOL COOPERATIVE

FAITH LUTHERAN HOME

FALLON MEMORIAL NUSING HOME

FAMILY OUTREACH, INC.

FLATHEAD COUNTY RURAL SPECIAL EDUCATION COOPERATIVE

FLATHEAD INDUSTRIES FOR THE HANDICAPPED

FLATHEAD INDUSTRIES FOR THE HANDICAPPED SUMMER CAMP

FORT PECK TRIBES PROJECT HEAD START

FRIENDSHIP VILLA

GALLATIN ADVOCACY PROGRAM

GALLATIN COUNTY REST HOME

GALLATIN/MADISON COOPERATIVE

GLACIER COUNTY MEDICAL CENTER

GLASGOW EASTER SEAL (SEE AUDIOLOGICAL SERVICES)

GLENDEEN NURSING HOME

GLENDIVE SCHOOL DISTRICT

GLENWOOD, INC.

GOLDEN TRIANGLE COMMUNITY MENTAL HEALTH CENTER

GRANITE COUNTY MEMORIAL HOSPITAL AND NURSING HOME

GREAT FALLS CEREBRAL PALSY ASSOCIATION

GREAT FALLS HEAD START (SEE HEAD START, GREAT FALLS)

GREAT FALLS SCHOOLS (SEE AUDIOLOGICAL SERVICES)

GROWTH THRU ART

HARLEM REST HOME

HAVRE DAY ACTIVITY CENTER, INC.

HAVRE EASTER SEAL (SEE AUDIOLOGICAL SERVICES)

HAVRE PUBLIC SCHOOLS

HEAD START, GREAT FALLS

HEAD START, MISSOULA

HELENA HEAD START

HELENA INDUSTRIES

HELENA NURSING HOME

HELENA REHABILITATION INDUSTRIES (SEE HELENA INDUSTRIES)

HELENA RIDING ACADEMY

HELENA SCHOOL DISTRICT NO. 1

HELENA VALLEY COOPERATIVE

HI-LINE HOME PROGRAMS

HILLSIDE MANOR

HIR (SEE HELENA INDUSTRIES)

HOLLY ANN FRISCH PRE & SUMMER SCHOOL PROGRAM

HORSEPOWER FOR THE HANDICAPPED, INC.

HRDC DISTRICT 12 (SEE BUTTE HEAD START)

HRDC DISTRICT 4 (SEE DISTRICT IV HUMAN RESOURCES DEVELOPMENT COUNCIL)

INDIAN HEALTH SERVICES

INDIAN HEALTH SERVICES (AUDIOLOGICAL SERVICES)

INTER-MOUNTAIN DEACONESS HOME

KALISPELL PUBLIC SCHOOLS (SEE AUDIOLOGICAL SERVICES)

KALISPELL SCHOOL DISTRICT NO. 5, SPECIAL EDUCATION

KALISPELL TAXI

LAUREL CHRISTIAN DAY CARE

LBSS (SEE LITTLE BITTERROOT SPECIAL SERVICES)

LEWISTOWN EASTER SEAL (SEE AUDIOLOGICAL SERVICES)

LEWISTOWN SCHOOL DISTRICT NO. 1

LIBBY PUBLIC SCHOOLS

LINCOLN COUNTY COOPERATIVE

LINCOLN COUNTY SHELTERED WORKSHOP

LITTLE BITTERROOT SPECIAL SERVICES

LIVINGSTON CONVALESCENT CENTER

M/G TRANSPORTATION (SEE TRI COUNTY DD, INC.)

MALTA OPPORTUNITIES, INC.

MAP (SEE MONTANA ADVOCACY PROGRAM, INC.)

MC CONE COUNTY NURSING HOME

MCHC (SEE MONTANA CENTER FOR HANDICAPPED CHILDREN)

MDBV (SEE MENTAL DISABILITIES BOARD OF VISITORS)

MEDICAID WAIVER CASE MANAGEMENT TEAM FOR PHYSICALLY DISABLED

MEMORIAL NURSING HOME (SEE GLACIER COUNTY MEDICAL CENTER)

MENTAL DISABILITIES BOARD OF VISITORS

MENTAL HEALTH CENTER

MENTAL HEALTH SERVICES, INC.

MILES CITY SPECIAL EDUCATION DEPARTMENT

MILK RIVER, INC.

MINERAL COUNTY NURSING HOME

MISSOULA AREA PARTNERS FOR THE DISABLED

MISSOULA COMMUNITY HOSPITAL REHABILITATION CENTER

MISSOULA COUNTY ASSOCIATION FOR RETARDED CITIZENS (SEE REGION V CAMP)

MISSOULA COUNTY HIGH SCHOOLS

MISSOULA COUNTY WELFARE DEPARTMENT

MISSOULA ELEMENTARY SCHOOL DISTRICT NO. 1

MISSOULA HEAD START (SEE HEAD START, MISSOULA)

MISSOULA SPECIAL EDUCATION COOPERATIVE

MISSOULA YOUTH HOMES

MONTANA ADVOCACY PROGRAM, INC.

MONTANA CENTER FOR HANDICAPPED CHILDREN (COMPREHENSIVE DIAGNOSTIC
SERVICES)

MONTANA CENTER FOR HANDICAPPED CHILDREN (EDUCATIONAL)

MONTANA DEVELOPMENTAL CENTER

MONTANA INDEPENDENT LIVING PROJECT

MONTANA SPECIAL OLYMPICS, INC.

MONTANA STATE HOSPITAL, WARM SPRINGS

MONTANA STATE LIBRARY FOR THE BLIND & PHYSICALLY HANDICAPPED

MONTANA YOUTH TREATMENT CENTER

MOUNTAIN DISABLED OUTDOOR GROUP

MOUNTAIN DOG (SEE MOUNTAIN DISABLED OUTDOOR GROUP)

MOUNTAIN VIEW MEMORIAL NURSING HOME

MOUNTAIN VIEW SOCIAL DEVELOPMENT CENTER

MSU-DISABLED STUDENTS SERVICES

MUAPS (SEE MONTANA UNIVERSITY AFFILITATED PROGRAM SATELLITE IN GOVERNMENT AGENCY SECTION)

MYTC (SEE MONTANA YOUTH TREATMENT CENTER)

NEW HOPE REGIONAL REHABILITATION CENTER

NORTH CENTRAL LEARNING RESOURCE CENTER

NORTH VALLEY NURSING HOME

NORTHERN CHEYENNE HEAD START

NORTHERN MONTANA HEAD START

NORTHERN ROCKY MOUNTAIN EASTER SEAL SOCIETY (SEE EASTER SEAL ADULT
TRAINING CENTER)

OAKMONT INFANT CARE AND PRESCHOOL

OPPORTUNITY WORKSHOP - VOCATIONAL SERVICES CENTER

OPPORTUNITY WORKSHOP - WORK ACTIVITY CENTER

P-T ACTIVITIES

PARENTS FREE ACTION COMMITTEE OF FLATHEAD COUNTY, INC., THE (HEAD
START)

PARENTS, LET'S UNITE FOR KIDS (PLUK)

PARKVIEW ACRES CONVALESCENT CENTER

PEOPLE'S GALLERY (SEE GROWTH THRU ART)

PHILLIPS COUNTY GOOD SAMARITAN RETIREMENT CENTER

PLUK (SEE PARENTS, LET'S UNITE FOR KIDS)

POPLAR COMMUNITY NURSING HOME

POWDER RIVER NURSING HOME

PRAIRIE COMMUNITY HOSPITAL AND NURSING HOME

PRAIRIE VIEW COOPERATIVE

PROJECT HEAD START ROCKY BOY ELEMENTARY SCHOOL

PROJECT HEAD START, FORT BELKNAP

RAVALLI COUNTY ADVOCACY

RAVALLI COUNTY HEAD START

RAVALLI SERVICES COOPERATION

REACH, INC.

REGION II CHILD AND FAMILY SERVICES

REGION V CAMP

REGIONAL LIVING SERVICES

REGIONAL SERVICES FOR THE DISABLED

RESIDENTIAL SUPPORT SERVICES

RICHLAND OPPORTUNITIES, INC.

ROCKY MOUNTAIN DEVELOPMENT COUNCIL (SEE DISTRICT VII HUMAN RESOURCE
DEVELOPMENT COUNCIL - YOUTH EMPLOYMENT)

ROCKY MOUNTAIN HEARING (SEE AUDIOLOGICAL SERVICES)

ROI (SEE RICHLAND OPPORTUNITIES, INC.)

RONAN SCHOOL DISTRICT NO. 30

ROOSEVELT COUNTY SPECIAL EDUCATION COOPERATIVE

ROYAL MANOR, INC.

RSS (SEE RESIDENTIAL SUPPORT SERVICES)

SANDE CONVALESCENT HOME

SANDERS COUNTY SPECIAL EDUCATION COOPERATIVE

SCC (SEE SPECIAL CITIZEN'S CENTER)

SCHOOL DISTRICT NO. 3

SHODAIR CHILDREN'S HOSPITAL DEPARTMENT OF MEDICAL GENETICS

SIDNEY SCHOOLS SPECIAL EDUCATION

SILVER BOW COUNTY DEVELOPMENTAL DISABILITIES COUNCIL, INC.

SKYLINE CENTER

SMALL WORLD PRESCHOOL AND DAYCARE

SON-SHINE DAY CARE CENTER

SOUTHEASTERN HEARING CONSERVATION PROGRAM (SEE AUDIOLOGICAL SERVICES)

SOUTHWESTERN MONTANA EDUCATION COOPERATIVE

SPECIAL CARE CENTER

SPECIAL CITIZEN'S CENTER

SPECIAL PEOPLE, INC. (SEE RESIDENTIAL SUPPORT SERVICES)

SPECIAL TRAINING FOR EXCEPTIONAL PEOPLE (STEP)

SPECIAL TRANSPORTATION, INC.

ST. IGNATIUS COMMUNITY DAY CARE CENTER, INC.

ST. JOSEPH CONVALESCENT CENTER

ST. LABRE HOME

STAR CAB COMPANY

STEP (SEE SPECIAL TRAINING FOR EXCEPTIONAL PEOPLE)

STI (SEE SPECIAL TRANSPORTATION, INC.)

STILLWATER CONVALESCENT CENTER

STILLWATER/SWEETGRASS COOPERATIVE

SUMMIT INDEPENDENT LIVING CENTER

SWEET MEMORIAL NURSING HOME

TETON NURSING HOME

TRI COUNTY DD, INC. / M/G TRANSPORTATION

TRI-COUNTY SPECIAL EDUCATION COOPERATIVE

TRI RIVERS AUDIOLOGY COOPERATIVE (SEE AUDIOLOGICAL SERVICES)

VALLEY VISTA MANOR

VERY SPECIAL ARTS MONTANA

VOCATIONAL PLACEMENT AND JOB TRAINING

WAYSIDE NURSING HOME

WEE CARE DAY CARE

WEST-MONT HABILITAITON

WHEATLAND MEMORIAL NURSING HOME

WHITEFISH SCHOOLS

Y.W.C.A. SEMI-INDEPENDENT LIVING PROGRAM

YELLOWSTONE BOYS & GIRLS RANCH RESIDENTIAL TREATMENT CENTER

YELLOWSTONE BOYS-GIRLS RANCH, SCHOOL DISTRICT NO. 58

YELLOWSTONE COUNTY HEAD START, INC.

YELLOWSTONE COUNTY RESOURCE DEPARTMENT

YELLOWSTONE EASTER SEAL (SEE AUDIOLOGICAL SERVICES)

YELLOWSTONE-WEST/CARBON COUNTY SPECIAL SERVICES COOPERATIVE

CODED SERVICE/PROGRAM INDEX

CODING KEY FOR PRIMARY SERVICES

A - ADVOCACY

AD - AGING DAY PROGRAM

AT - ART THERAPY

AU - AUDIOLOGICAL SERVICE

CC - CHILD CARE

CM - CASE MANAGEMENT

DC - DIAGNOSTIC CENTER

GC - GENETIC COUNSELING

GH - GROUP HOME

HT - HOME TRAINING

IL - INDEPENDENT LIVING

JP - JOB PLACEMENT

JT - JOB TRAINING

L - LIBRARY

LT - LEISURE TIME

MH - MENTAL HEALTH

NH - NURSING HOME

P - PRESCHOOL

PS - POST-SECONDARY

R - RESPITE

RF - RESIDENTIAL FACILITY

RH - REHABILITATION

SA - STATE AGENCY

SD - SCHOOL DISTRICT

SEC - SPECIAL EDUCATION COOPERATIVE

SW - SHELTERED WORKSHOP

T - TRANSPORTATION

TA - TECHNICAL ASSISTANCE

WAC - WORK ACTIVITY CENTER

SERVICES BY PRIMARY

PRIMARY SERVICE	
A	BOARD OF VISITORS (SEE MENTAL DISABILITIES BOARD OF VISITORS)
	BOV (SEE MENTAL DISABILITIES BOARD OF VISITORS)
	CA (SEE CITIZENS ADVOCACY)
	CITIZENS ADVOCACY
	GALLATIN ADVOCACY PROGRAM
	GREAT FALLS CEREBRAL PALSY ASSOCIATION
	MAP (SEE MONTANA ADVOCACY PROGRAM, INC.)
	MDBV (SEE MENTAL DISABILITIES BOARD OF VISITORS)
	MENTAL DISABILITIES BOARD OF VISITORS
	MISSOULA AREA PARTNERS FOR THE DISABLED
	MONTANA ADVOCACY PROGRAM, INC.
	PARENTS, LET'S UNITE FOR KIDS (PLUK)
	PLUK (SEE PARENTS, LET'S UNITE FOR KIDS)
	RAVALLI COUNTY ADVOCACY
AD	MOUNTAIN VIEW SOCIAL DEVELOPMENT CENTER
AT	GROWTH THRU ART
	VERY SPECIAL ARTS MONTANA
AU	BILLINGS/SCHOOL DISTRICT NO. 2
	EASTER SEAL
	BOZEMAN EASTER SEAL
	BUTTE EASTER SEAL
	CONRAD EASTER SEAL
	GLASGOW EASTER SEAL
	GREAT FALLS SCHOOLS
	HAVRE EASTER SEAL
	INDIAN HEALTH
	KALISPELL PUBLIC SCHOOLS
	LEWISTOWN EASTER SEAL
	ROCKY MOUNTAIN HEARING
	SOUTHEASTERN HEARING CONSERVATION PROGRAM

PRIMARY SERVICE	
	TRI RIVERS AUDIOLOGY COOPERATIVE
	YELLOWSTONE COUNTY EASTER SEAL
CC	ABC DAY CARE CENTER
	ASMSU DAYCARE
	ASUM CHILDREN'S LEARNING CENTER
	CHILDREN'S CENTER OF HELENA, INC.
	CHILDRENS WORLD DAY CARE CENTER (SEE CHILDRENS DAY CARE CENTER)
	CHRISTOPHER ROBBINS PRESCHOOL
	HOLLY ANN FRISCH PRE & SUMMER SCHOOL PROGRAM
	LAUREL CHRISTIAN DAY CARE
	OAKMONT INFANT CARE AND PRESCHOOL
	SMALL WORLD PRESCHOOL AND DAYCARE
	SON-SHINE DAY CARE CENTER
	ST. IGNATIUS COMMUNITY DAY CARE CENTER, INC.
	WEE CARE DAY CARE
CM	MEDICAID WAIVER CASE MANAGEMENT TEAM FOR PHYSICALLY DISABLED
	MISSOULA COUNTY WELFARE DEPARTMENT
	YELLOWSTONE COUNTY RESOURCE DEPARTMENT
DC	CDC (SEE COMPREHENSIVE DEVELOPMENTAL CENTER)
	CHILD DEVELOPMENT CENTER (SEE COMPREHENSIVE DEVELOPMENT CENTER)
	COMPREHENSIVE DEVELOPMENT CENTER
	DEAP (SEE DEVELOPMENTAL EDUCATIONAL ASSISTANCE PROGRAM)
	DEVELOPMENTAL EDUCATIONAL ASSISTANCE PROGRAM (DEAP)
	MCHC (SEE MONTANA CENTER FOR HANDICAPPED CHILDREN)
	MONTANA CENTER FOR HANDICAPPED CHILDREN

PRIMARY SERVICE	
	(COMPREHENSIVE DIAGNOSTIC SERVICES)
GC	SHODAIR CHILDREN'S HOSPITAL DEPARTMENT OF MEDICAL GENETICS
GH	COMMUNITY COVENANT CHURCH CENTRAL STREET HOUSE
	MISSOULA YOUTH HOMES REGIONAL LIVING SERVICES RESIDENTIAL SUPPORT SERVICES RSS (SEE RESIDENTIAL SUPPORT SERVICES)
	SPECIAL PEOPLE, INC. (SEE RESIDENTIAL SUPPORT SERVICES)
	WEST-MONT HABILITATION
HT	BLACKFEET D.D. PROGRAM, INC. BLACKFEET INFANT PROGRAM
	BREEM (SEE BROWNING BLACKFEET RURAL EDUCATION MODEL OR BLACKFEET INFANT PROGRAM)
	DUSTY BULL TRAINING CENTER (SEE BLACKFEET D.D. PROGRAM, INC.)
	FAMILY OUTREACH, INC. HI-LINE HOME PROGRAMS
	REGION II CHILD AND FAMILY SERVICES
	SPECIAL TRAINING FOR EXCEPTIONAL PEOPLE (STEP)
	STEP (SEE SPECIAL TRAINING FOR EXCEPTIONAL PEOPLE)
IL	MONTANA INDEPENDENT LIVING PROJECT
	SILVER BOW COUNTY DEVELOPMENTAL DISABILITIES COUNCIL, INC.
	SUMMIT INDEPENDENT LIVING CENTER
	Y.W.C.A. SEMI-INDEPENDENT LIVING PROGRAM
JP	CAREER GUIDANCE CENTER (SEE BILLINGS WORKSHOP)
	DISTRICT XII HUMAN RESOURCE DEVELOPMENT COUNCIL
JT	DISTRICT VII HUMAN RESOURCES DEVELOPMENT

PRIMARY SERVICE	
	COUNCIL - YOUTH EMPLOYMENT
	ROCKY MOUNTAIN DEVELOPMENT COUNCIL (SEE DISTRICT VII HUMAN RESOURCE DEVELOPMENT COUNCIL - YOUTH EMPLOYMENT)
	VOCATIONAL PLACEMENT AND JOB TRAINING
L	MONTANA STATE LIBRARY FOR THE BLIND AND PHYSICALLY HANDICAPPED
LT	ACTIVITIES UNLIMITED BILLING OPTIMIST CLUB CAMP
	CHARLES CAMPBELL CHILDREN'S CAMP FOR THE PHYSICALLY HANDICAPPED
	CHRISTIKON EAGLE MOUNT
	FLATHEAD INDUSTRIES FOR THE HANDICAPPED SUMMER CAMP
	HELENA RIDING ACADEMY HORSEPOWER FOR THE HANDICAPPED, INC.
	MISSOULA COUNTY ASSOCIATION FOR RETARDED CITIZENS (SEE REGION V CAMP)
	MONTANA SPECIAL OLYMPICS, INC. MOUNTAIN DISABLED OUTDOOR GROUP
	MOUNTAIN DOG (SEE MOUNTAIN DISABLED OUTDOOR GROUP)
	REGION V CAMP
MH	EASTERN MONTANA COMMUNITY MENTAL HEALTH CENTER
	GOLDEN TRIANGLE COMMUNITY MENTAL HEALTH CENTER
	INDIAN HEALTH SERVICES MENTAL HEALTH CENTER MENTAL HEALTH SERVICES, INC. MONTANA STATE HOSPITAL, WARM SPRINGS
NH	BIG HORN COUNTY MEMORIAL HOSPITAL AND NURSING HOME
	BIGFORK CONVALESCENT CENTER BLACKFEET NURSING HOME BOZEMAN CONVALESCENT CENTER BUTTE CONVALESCENT CENTER

PRIMARY SERVICE

BUTTE PARK ROYAL CONVALESCENT CENTER

CASCADE COUNTY CONVALESCENT
NURSING HOME

CENTRAL MONTANA NURSING HOME

CHOTEAU COUNTY DISTRICT HOSPITAL
AND NURSING HOME

COONEY CONVALESCENT HOME
CUSTER COUNTY REST HOME
DANIELS MEMORIAL NURSING HOME
FAITH LUTHERAN HOME
FALLON MEMORIAL NURSING HOME
FRIENDSHIP VILLA
GALLATIN COUNTY REST HOME
GLACIER COUNTY MEDICAL CENTER
GLENDEEN NURSING HOME

GRANITE COUNTY MEMORIAL HOSPITAL
AND NURSING HOME

HARLEM REST HOME
HELENA NURSING HOME
HILLSIDE MANOR
LIVINGSTON CONVALESCENT CENTER
MC CONE COUNTY NURSING HOME

MEMORIAL NURSING HOME (SEE
GLACIER COUNTY MEDICAL CENTER)

MINERAL COUNTY NURSING HOME
MOUNTAIN VIEW MEMORIAL NURSING HOME
NORTH VALLEY NURSING HOME
PARKVIEW ACRES CONVALESCENT CENTER

PHILLIPS COUNTY GOOD
SAMARITAN RETIREMENT CENTER

POPLAR COMMUNITY NURSING HOME
POWDER RIVER NURSING HOME

PRAIRIE COMMUNITY HOSPITAL
AND NURSING HOME

ROYAL MANOR, INC.
SANDE CONVALESCENT HOME
ST. JOSEPH CONVALESCENT CENTER
STILLWATER CONVALESCENT CENTER
SWEET MEMORIAL NURSING HOME
TETON NURSING HOME
VALLEY VISTA MANOR
WAYSIDE NURSING HOME
WHEATLAND MEMORIAL NURSING HOME

PRIMARY SERVICE	
P	BIG SKY EARLY EDUCATION CENTER (BIG SKY PRESCHOOL)
	BIG SKY PRESCHOOL
	BLACKFEET HEAD START/ SPECIAL SERVICES COMPONENT
	BUTTE HEAD START CO-TEACH PROJECT
	CONFEDERATED SALISH & KOOTENAI TRIBES FLATHEAD HEAD START
	CROW RESERVATION HEAD START EARLY CHILDHOOD CENTER
	FORT PECK TRIBES PROJECT HEAD START
	GREAT FALLS HEAD START HELENA HEAD START
	HRDC DISTRICT 12 (SEE BUTTE HEAD START)
	MISSOULA HEAD START NORTHERN CHEYENNE HEAD START NORTHERN MONTANA HEAD START
	PARENTS FREE ACTION COMMITTEE OF FLATHEAD COUNTY, INC., THE (HEAD START)
	PROJECT HEAD START ROCKY BOY ELEMENTARY SCHOOL
	PROJECT HEAD START, FORT BELKNAP RAVALLI COUNTY HEAD START YELLOWSTONE COUNTY HEAD START, INC.
PS	MSU-DISABLED STUDENTS SERVICES
R	SPECIAL CARE CENTER
RF	EASTMONT HUMAN SERVICES CENTER
	EHSC (SEE EASTMONT HUMAN SERVICES CENTER)
	INTER-MOUNTAIN DEACONESS HOME MONTANA DEVELOPMENTAL CENTER MONTANA YOUTH TREATMENT CENTER
	MYTC (SEE MONTANA YOUTH TREATMENT CENTER)
	ST. LABRE HOME

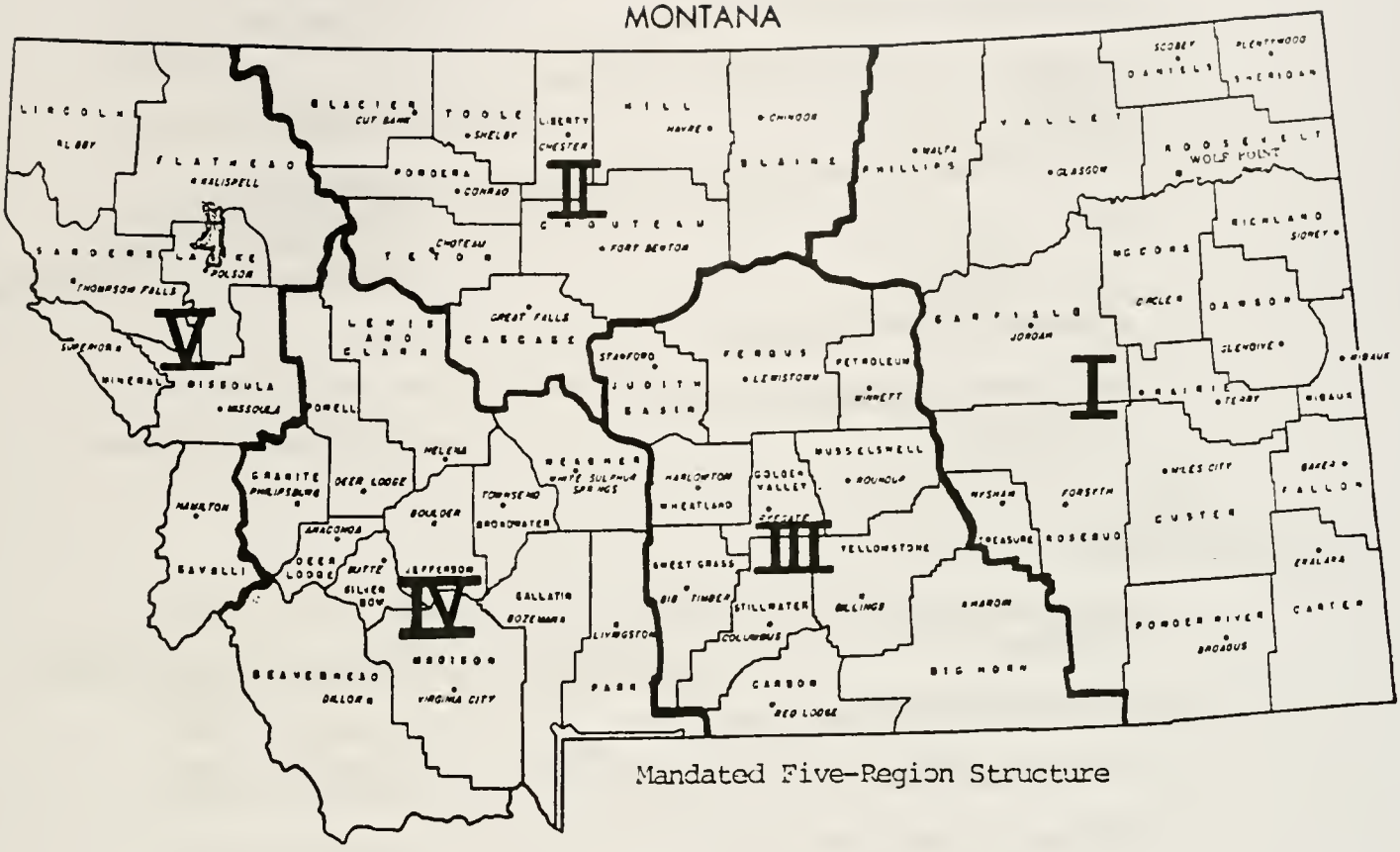
PRIMARY SERVICE	
	YELLOWSTONE BOYS & GIRLS RANCH RESIDENTIAL TREATMENT CENTER
RH	COMMUNITY NURSING AND REHABILITATION FACILITY
	MISSOULA COMMUNITY HOSPITAL REHABILITATION CENTER
	NEW HOPE REGIONAL REHABILITATION CENTER
	OPPORTUNITY WORKSHOP - VOCATIONAL SERVICES CENTER
SA	BOULDER RIVER SCHOOL AND HOSPITAL ICFMR (SEE MONTANA DEVELOPMENTAL CENTER)
SD	ANACONDA SCHOOLS SPECIAL EDUCATION
	BELGRADE SCHOOLS/SPECIAL EDUCATION
	BILLINGS SCHOOL DISTRICT NO. 2
	BOZEMAN PUBLIC SCHOOLS
	BROWNING SCHOOL DISTRICT NO. 9
	BUTTE SCHOOL DISTRICT
	COLSTRIP SCHOOL DISTRICT NO. 19
	COLUMBIA FALLS SCHOOLS
	GLENDIVE SCHOOL DISTRICT
	HAVRE PUBLIC SCHOOLS
	HELENA SCHOOL DISTRICT NO. 1
	KALISPELL SCHOOL DISTRICT NO. 5, SPECIAL EDUCATION
	LEWISTOWN SCHOOL DISTRICT NO. 1
	LIBBY PUBLIC SCHOOLS
	MILES CITY SPECIAL EDUCATION DEPARTMENT
	MISSOULA COUNTY HIGH SCHOOLS
	MISSOULA ELEMENTARY SCHOOL DISTRICT NO. 1
	MONTANA CENTER FOR HANDICAPPED CHILDREN (EDUCATIONAL)
	RONAN SCHOOL DISTRICT NO. 30
	SCHOOL DISTRICT NO. 3
	SIDNEY SHOOLS SPECIAL EDUCATION
	SKYLINE CENTER
	WHITEFISH SCHOOLS
	YELLOWSTONE BOYS-GIRLS RANCH, SCHOOL DISTRICT NO. 58

PRIMARY SERVICE	
C	BAKER SPECIAL EDUCATION COOPERATIVE
	BEAR PAW LEARNING RESOURCE CENTER
	BIG COUNTRY EDUCATIONAL COOPERATIVE
	BIG HORN COUNTY SPECIAL EDUCATION COOPERATIVE
	BIG SKY SPECIAL EDUCATION COOPERATIVE
	BITTERROOT VALLEY COOPERATIVE
	CENTRAL MONTANA LEARNING RESOURCE CENTER
	CUSTER COUNTY SPECIAL EDUCATION COOPERATIVE (SEE BIG COUNTRY EDUCATIONAL COOPERATIVE)
	DANIELS/SHERIDAN SPECIAL EDUCATION COOPERATIVE
	EASTERN YELLOWSTONE COUNTY SPECIAL EDUCATION COOPERATIVE LOCKWOOD SCHOOL
	EDUCATION SPECIALISTS CONSORTIUM EVERGREEN SCHOOL COOPERATIVE
	FLATHEAD COUNTY RURAL SPECIAL EDUCATION COOPERATIVE
	GALLATIN/MADISON COOPERATIVE
	HELENA VALLEY COOPERATIVE
	LINCOLN COUNTY COOPERATIVE
	MISSOULA SPECIAL EDUCATION COOPERATIVE
	NORTH CENTRAL LEARNING RESOURCE CENTER
	PRAIRIE VIEW COOPERATIVE
	ROOSEVELT COUNTY SPECIAL EDUCATION COOPERATIVE
	SANDERS COUNTY SPECIAL EDUCATION COOPERATIVE
	SOUTHWESTERN MONTANA EDUCATION COOPERATIVE
	STILLWATER/SWEETGRASS COOPERATIVE
	TRI-COUNTY SPECIAL EDUCATION COOPERATIVE
	YELLOWSTONE-WEST/CARBON COUNTY

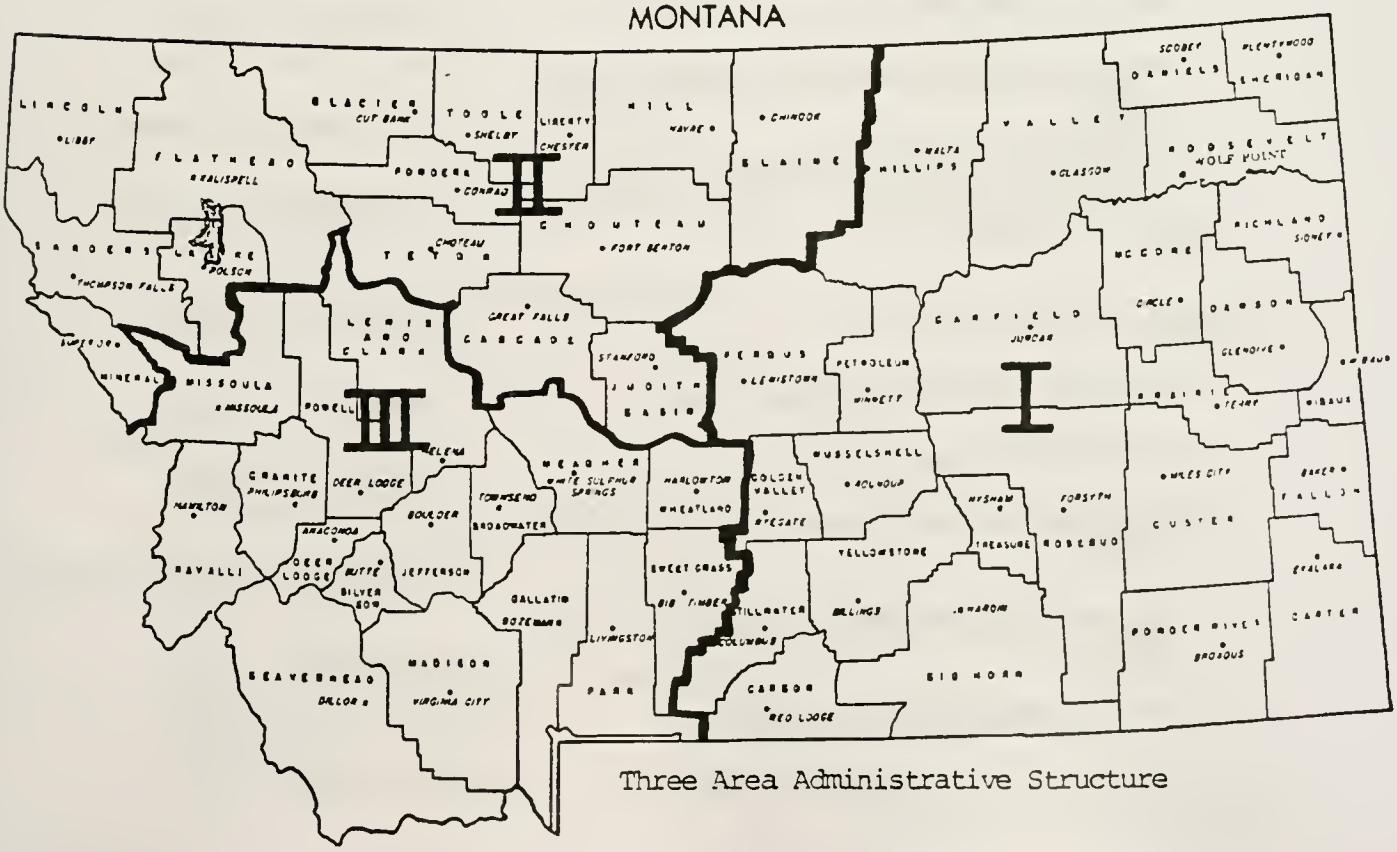
PRIMARY SERVICE	
	SPECIAL SERVICES COOPERATIVE
SW	BIG BEAR RESOURCES
	BLAINE COUNTY ACTIVITIES
	BUTTE SHELTERED WORKSHOP
	FLATHEAD INDUSTRIES FOR THE HANDICAPPED
	HELENA INDUSTRIES
	HELENA REHABILITATION INDUSTRIES (SEE HELENA INDUSTRIES)
	HIR (SEE HELENA INDUSTRIES)
	LINCOLN COUNTY SHELTERED WORKSHOP
	RAVALLI SERVICES COOPERATION
	RICHLAND OPPORTUNITIES, INC.
	ROI (SEE RICHLAND OPPORTUNITIES, INC.)
T	ARROW MEDICAL SERVICES
	ARROW MEDICAL SUPPLIES (SEE ARROW MEDICAL SERVICES)
	BILLINGS METROPOLITAN TRANSIT DIVISION OF THE CITY OF BILLINGS
	BOZEMAN CITY TAXI
	BUTTE CITY TAXI
	CLARK TRANSPORTATION
	CLIFFORD HOOPES (TRANSPORTATION)
	KALISPELL TAXI
	M/G TRANSPORTATION (SEE TRI COUNTY DD, INC.)
	PEOPLE'S GALLERY (SEE GROWTH THRU ART)
	SPECIAL TRANSPORTATION, INC.
	STAR CAB COMPANY
	STI (SEE SPECIAL TRANSPORTATION, INC.)
	TRI COUNTY DD, INC. - M/G TRANSPORTATION
TA	MUAPS (SEE MONTANA UNIVERSITY AFFILIATED PROGRAM SATELLITE IN GOVERNMENT AGENCY SECTION)
WAC	ANACONDA WORK ACTIVITIES REACHING TOWARD EMPLOYMENT (AWARE)
	AWARE (SEE ANACONDA WORK ACTIVITIES REACHING TOWARD EMPLOYMENT)

PRIMARY SERVICE	
	BIG SANDY ACTIVITIES
	BILLINGS WORKSHOP, INC.
	CHOTEAU ACTIVITIES
	COUNTERPOINT, INC.
	DILLON SPECIAL RESOURCES (DSR)
	DISTRICT IV HUMAN RESOURCES DEVELOPMENT COUNCIL
	DSR (SEE DILLON SPECIAL RESOURCES)
	EASTER SEAL ADULT TRAINING CENTER
	EASTERN MONTANA INDUSTRIES
	GLENWOOD, INC.
	HAVRE DAY ACTIVITY CENTER, INC.
	HRDC DISTRICT 4 (SEE DISTRICT IV HUMAN RESOURCES DEVELOPMENT COUNCIL)
	LBSS (SEE LITTLE BITTERROOT SPECIAL SERVICES)
	LITTLE BITTERROOT SPECIAL SERVICES
	MALTA OPPORTUNITIES, INC.
	MILK RIVER, INC.
	NORTHERN ROCKY MOUNTAIN EASTER SEAL SOCIETY (SEE EASTER SEAL ADULT TRAINING CENTER)
	OPPORTUNITY WORKSHOP - WORK ACTIVITY CENTER
	P-T ACTIVITIES
	REACH, INC.
	REGIONAL SERVICES FOR THE DISABLED
	SCC (SEE SPECIAL CITIZEN'S CENTER)
	SPECIAL CITIZEN'S CENTER

COUNTY INDEX



Mandated Five-Region Structure



Three Area Administrative Structure

BEAVERHEAD:

1. DILLON SPECIAL RESOURCES (DSR)	16 YEARS AND OLDER
2. DISTRICT XII HUMAN RESOURCE DEVELOPMENT COUNCIL	14 THROUGH 21 YEARS
3. FAMILY OUTREACH, INC.	NO AGE LIMIT (FOR RESPITE SERVICES) BIRTH THROUGH 18 YEARS (FOR FAMILY TRAINING SERVICES)
4. MENTAL HEALTH SERVICES, INC.	NO AGE LIMIT
5. SOUTHWESTERN MONTANA EDUCATION COOPERATIVE	BIRTH THROUGH 21 YEARS

BIG HORN:

1. BIG HORN COUNTY SPECIAL EDUCATION COOPERATIVE	18 MONTHS THROUGH 20 YEARS
2. CROW RESERVATION HEAD START	3 THROUGH 5 YEARS
3. MONTANA INDEPENDENT LIVING PROJECT	16 YEARS AND OLDER
4. NORTHERN CHEYENNE HEAD START	3 THROUGH 5 YEARS
5. POWDER RIVER NURSING HOME	18 YEARS AND OLDER
6. REGIONAL SERVICES FOR THE DISABLED	15 YEARS AND OLDER
7. SPECIAL TRAINING FOR EXCEPTIONAL PEOPLE (STEP)	BIRTH THROUGH 18 YEARS
8. YELLOWSTONE-WEST/CARBON COUNTY SPECIAL SERVICES COOPERATIVE	BIRTH THROUGH 21 YEARS

BLAINE:

1. BEAR PAW LEARNING RESOURCE CENTER	4 THROUGH 21 YEARS
2. BLAINE COUNTY ACTIVITIES	18 YEARS AND OLDER
3. DISTRICT IV HUMAN RESOURCES DEVELOPMENT COUNCIL	14 THROUGH 21 AND 55 OR OLDER
4. GOLDEN TRIANGLE COMMUNITY MENTAL HEALTH CENTER	NO AGE LIMIT
5. PROJECT HEAD START, FORT BELKNAP	3 AND 4 YEARS OLD
6. REGION II CHILD AND FAMILY SERVICES	NO AGE LIMIT

7. REGIONAL LIVING SERVICES	3 THROUGH 21 YEARS
8. SWEET MEMORIAL NURSING HOME	NO AGE LIMIT

BROADWATER:

1. BUTTE SHELTERED WORKSHOP	16 YEARS AND OLDER
2. DISTRICT VII HUMAN RESOURCES DEVELOPMENT COUNCIL - YOUTH EMPLOYMENT	16 THROUGH 21 YEARS (IN SCHOOL) 14 THROUGH 21 YEARS (DURING SUMMER)
3. EDUCATION SPECIALISTS CONSORTIUM	5 THROUGH 18 YEARS
4. FAMILY OUTREACH, INC.	NO AGE LIMIT (FOR RESPITE SERVICES) BIRTH THROUGH 18 YEARS (FOR FAMILY TRAINING SERVICES)
5. HELENA NURSING HOME	21 YEARS AND OLDER
6. HOLLY ANN FRISCH PRE & SUMMER SCHOOL PROGRAM	BIRTH THROUGH 18 YEARS
7. MENTAL HEALTH SERVICES, INC.	NO AGE LIMIT

CARBON:

1. CLARK TRANSPORTATION	NO AGE LIMIT
2. MENTAL HEALTH CENTER	NO AGE LIMIT
3. REGIONAL SERVICES FOR THE DISABLED	15 YEARS AND OLDER
4. SPECIAL TRAINING FOR EXCEPTIONAL PEOPLE (STEP)	BIRTH THROUGH 18 YEARS
5. YELLOWSTONE-WEST/CARBON COUNTY SPECIAL SERVICES COOPERATIVE	BIRTH THROUGH 21 YEARS

CARTER:

1. BAKER SPECIAL EDUCATION COOPERATIVE	BIRTH THROUGH 21 YEARS
2. DEVELOPMENTAL EDUCATIONAL ASSISTANCE PROGRAM (DEAP)	NO AGE LIMIT
3. EASTERN MONTANA COMMUNITY MENTAL HEALTH CENTER	NO AGE LIMIT
4. EASTERN MONTANA INDUSTRIES	6 YEARS AND OLDER (FOR CHILDREN'S GROUP HOME)

	16 YEARS AND OLDER (FOR VOCATIONAL PROGRAMS)
5. TRI-COUNTY SPECIAL EDUCATION COOPERATIVE	5 THROUGH 18 YEARS

CASCADE:

1. CITIZENS ADVOCACY	NO AGE LIMIT
2. GLACIER COUNTY MEDICAL CENTER	NO AGE LIMIT
3. GOLDEN TRIANGLE COMMUNITY MENTAL HEALTH CENTER	NO AGE LIMIT
4. HEAD START	3 THROUGH 5 YEARS
5. MONTANA INDEPENDENT LIVING PROJECT	16 YEARS AND OLDER
6. NORTH CENTRAL LEARNING RESOURCE CENTER	BIRTH THROUGH 21 YEARS
7. REGION II CHILD AND FAMILY SERVICES	NO AGE LIMIT
8. REGIONAL LIVING SERVICES	3 THROUGH 21 YEARS
9. SKYLINE CENTER	3 THROUGH 21 YEARS

CHOTEAU:

1. BIG SANDY ACTIVITIES	21 YEARS AND OLDER
2. NORTH CENTRAL LEARNING RESOURCE CENTER	BIRTH THROUGH 21 YEARS
3. REGION II CHILD AND FAMILY SERVICES	NO AGE LIMIT
4. REGIONAL LIVING SERVICES	3 THROUGH 21 YEARS

CUSTER:

1. BIG COUNTRY EDUCATIONAL COOPERATIVE	3 THROUGH 21 YEARS
2. CUSTER COUNTY REST HOME	15 YEARS AND OLDER
3. DEVELOPMENTAL EDUCATIONAL ASSISTANCE PROGRAM (DEAP)	NO AGE LIMIT
4. EASTERN MONTANA COMMUNITY MENTAL HEALTH CENTER	NO AGE LIMIT
5. EASTERN MONTANA INDUSTRIES	6 YEARS AND OLDER (FOR CHILDREN'S GROUP HOME) 16 YEARS AND OLDER (FOR VOCATIONAL PROGRAMS)
6. MILES CITY SPECIAL EDUCATION DEPARTMENT	3 THROUGH 21 YEARS

DANIELS:

1. DANIELS MEMORIAL NURSING HOME	NO AGE LIMIT
2. DANIELS/SHERIDAN SPECIAL EDUCATION COOPERATIVE	6 THROUGH 18 YEARS
3. DEVELOPMENTAL EDUCATIONAL ASSISTANCE PROGRAM (DEAP)	NO AGE LIMIT
4. EASTERN MONTANA COMMUNITY MENTAL HEALTH CENTER	NO AGE LIMIT
5. HI-LINE HOME PROGRAMS	BIRTH THROUGH 21 YEARS

DAWSON:

1. CHRISTOPHER ROBBINS PRESCHOOL	3 THROUGH 5 YEARS
2. DEVELOPMENTAL EDUCATIONAL ASSISTANCE PROGRAM (DEAP)	NO AGE LIMIT
3. EASTERN MONTANA COMMUNITY MENTAL HEALTH CENTER	NO AGE LIMIT
4. EASTERN MONTANA INDUSTRIES	6 YEARS AND OLDER (FOR CHILDREN'S GROUP HOME) 16 YEARS AND OLDER (FOR VOCATIONAL PROGRAMS)
5. GLENDIVE SCHOOL DISTRICT	3 THROUGH 21 YEARS
6. MC CONE COUNTY NURSING HOME	21 YEARS AND OLDER
7. PRAIRIE VIEW COOPERATIVE	5 THROUGH 21 YEARS

DEER LODGE:

1. ANACONDA SCHOOLS SPECIAL EDUCATION	5 THROUGH 18 YEARS
2. ANACONDA WORK ACTIVITIES REACHING TOWARD EMPLOYMENT (AWARE)	15 YEARS AND OLDER
3. DISTRICT XII HUMAN RESOURCE DEVELOPMENT COUNCIL	14 THROUGH 21 YEARS
4. FAMILY OUTREACH, INC.	NO AGE LIMIT (FOR RESPITE SERVICES) BIRTH THROUGH 18 YEARS (FOR FAMILY TRAINING SERVICES)
5. MENTAL HEALTH SERVICES, INC.	NO AGE LIMIT

6. MONTANA INDEPENDENT LIVING PROJECT	16 YEARS AND OLDER
7. SILVER BOW COUNTY DEVELOPMENTAL DISABILITIES COUNCIL, INC.	18 YEARS AND OLDER

FALLON:

1. BAKER SPECIAL EDUCATION COOPERATIVE	BIRTH THROUGH 21 YEARS
2. DEVELOPMENTAL EDUCATIONAL ASSISTANCE PROGRAM (DEAP)	NO AGE LIMIT
3. EASTERN MONTANA COMMUNITY MENTAL HEALTH CENTER	NO AGE LIMIT
4. EASTERN MONTANA INDUSTRIES	6 YEARS AND OLDER (FOR CHILDREN'S GROUP HOME) 16 YEARS AND OLDER (FOR VOCATIONAL PROGRAMS)
5. FALLON MEMORIAL NURSING HOME	NO AGE LIMIT

FERGUS:

1. CENTRAL MONTANA LEARNING RESOURCE CENTER	3 THROUGH 21 YEARS
2. LEWISTOWN SCHOOL DISTRICT NO. 1	3 THROUGH 21 YEARS
3. MENTAL HEALTH CENTER	NO AGE LIMIT
4. REGIONAL SERVICES FOR THE DISABLED	15 YEARS AND OLDER
5. SPECIAL TRAINING FOR EXCEPTIONAL PEOPLE (STEP)	BIRTH THROUGH 18 YEARS
6. STAR CAB COMPANY	NO AGE LIMIT
7. VALLEY VISTA MANOR	21 YEARS AND OLDER

FLATHEAD:

1. BIGFORK CONVALESCENT CENTER	18 YEARS AND OLDER
2. COLUMBIA FALLS SCHOOLS	BIRTH THROUGH 21 YEARS
3. COMPREHENSIVE DEVELOPMENT CENTER	BIRTH THROUGH 18 YEARS
4. EVERGREEN SCHOOL COOPERATIVE	3 THROUGH 21 YEARS
5. FLATHEAD COUNTY RURAL SPECIAL EDUCATION COOPERATIVE	BIRTH THROUGH 14 YEARS
6. FLATHEAD INDUSTRIES FOR THE HANDICAPPED	5 YEARS AND OLDER

7. FLATHEAD INDUSTRIES FOR THE HANDICAPPED SUMMER CAMP	18 YEARS AND OLDER
8. KALISPELL SCHOOL DISTRICT NO. 5, SPECIAL EDUCATION	3 THROUGH 21 YEARS
9. PARENTS FREE ACTION COMMITTEE OF FLATHEAD COUNTY, INC., THE (HEAD START)	3 YEARS 6 MONTHS TO 5 YEARS
10. REGION V CAMP	9 YEARS AND OLDER
11. REGIONAL LIVING SERVICES	3 THROUGH 21 YEARS
12. ST. IGNATIUS COMMUNITY DAY CARE CENTER, INC.	2 THROUGH 12 YEARS
13. SUMMIT INDEPENDENT LIVING CENTER	15 YEARS AND OLDER
14. WHITEFISH SCHOOLS	3 THROUGH 21 YEARS

GALLATIN:

1. ABC DAY CARE CENTER	2 TO 10 YEARS (NONSEVERELY HANDICAPPED ONLY)
2. ASMSU DAYCARE	3 THROUGH 5 YEARS
3. BELGRADE SCHOOLS/SPECIAL EDUCATION	3 THROUGH 19 YEARS
4. BOZEMAN CONVALESCENT CENTER	18 YEARS AND OLDER
5. BOZEMAN PUBLIC SCHOOLS	3 THROUGH 19 YEARS
6. FAMILY OUTREACH, INC.	NO AGE LIMIT (FOR RESPITE SERVICES) BIRTH THROUGH 18 YEARS (FOR FAMILY TRAINING SERVICES)
7. GALLATIN ADVOCACY PROGRAM	18 YEARS AND OLDER
8. GALLATIN/MADISON COOPERATIVE	3 THROUGH 21 YEARS
9. HORSEPOWER FOR THE HANDICAPPED, INC.	3 YEARS AND OLDER PLEASE SEE COMMENTS SECTION
10. REACH, INC.	18 YEARS AND OLDER

GARFIELD:

1. BIG COUNTRY EDUCATIONAL COOPERATIVE	3 THROUGH 21 YEARS
2. DEVELOPMENTAL EDUCATIONAL ASSISTANCE PROGRAM (DEAP)	NO AGE LIMIT
3. EASTERN MONTANA COMMUNITY MENTAL HEALTH CENTER	NO AGE LIMIT

4. EASTERN MONTANA INDUSTRIES	6 YEARS AND OLDER (FOR CHILDREN'S GROUP HOME) 16 YEARS AND OLDER (FOR VOCATIONAL PROGRAMS)
5. MC CONE COUNTY NURSING HOME	21 YEARS AND OLDER

GLACIER:

1. BIG SKY SPECIAL EDUCATION COOPERATIVE	3 THROUGH 18 YEARS
2. BLACKFEET D.D. PROGRAM, INC.	16 YEARS AND OLDER
3. BLACKFEET HEAD START/SPECIAL SERVICES COMPONENT	3 THROUGH 5 YEARS
4. BLACKFEET INFANT PROGRAM	BIRTH THROUGH 3 YEARS
5. BLACKFEET NURSING HOME	18 YEARS AND OLDER
6. BROWNING SCHOOL DISTRICT NO. 9	5 THROUGH 21 YEARS
7. GLACIER COUNTY MEDICAL CENTER	NO AGE LIMIT
8. GOLDEN TRIANGLE COMMUNITY MENTAL HEALTH CENTER	NO AGE LIMIT
9. REGION II CHILD AND FAMILY SERVICES	NO AGE LIMIT
10. REGIONAL LIVING SERVICES	3 THROUGH 21 YEARS

GOLDEN VALLEY:

1. CENTRAL MONTANA LEARNING RESOURCE CENTER	3 THROUGH 21 YEARS
2. SPECIAL TRAINING FOR EXCEPTIONAL PEOPLE (STEP)	BIRTH THROUGH 18 YEARS

GRANITE:

1. DISTRICT XII HUMAN RESOURCE DEVELOPMENT COUNCIL	14 THROUGH 21 YEARS
2. FAMILY OUTREACH, INC.	NO AGE LIMIT (FOR RESPITE SERVICES) BIRTH THROUGH 18 YEARS (FOR FAMILY TRAINING SERVICES)
3. GRANITE COUNTY MEMORIAL HOSPITAL AND NURSING HOME	NO AGE LIMIT
4. HEAD START	3 THROUGH 5 YEARS
5. MENTAL HEALTH SERVICES, INC.	NO AGE LIMIT

6. SOUTHWESTERN MONTANA EDUCATION COOPERATIVE	BIRTH THROUGH 21 YEARS

HILL:

1. BEAR PAW LEARNING RESOURCE CENTER	4 THROUGH 21 YEARS
2. DISTRICT IV HUMAN RESOURCES DEVELOPMENT COUNCIL	14 THROUGH 21 AND 55 OR OLDER
3. GOLDEN TRIANGLE COMMUNITY MENTAL HEALTH CENTER	NO AGE LIMIT
4. HAVRE DAY ACTIVITY CENTER, INC.	18 YEARS AND OLDER
5. HAVRE PUBLIC SCHOOLS	3 THROUGH 18 YEARS
6. NORTHERN MONTANA HEAD START	3 THROUGH 6 YEARS
7. PROJECT HEAD START ROCKY BOY ELEMENTARY SCHOOL	3 THROUGH 5 YEARS
8. REGION II CHILD AND FAMILY SERVICES	NO AGE LIMIT
9. REGIONAL LIVING SERVICES	3 THROUGH 21 YEARS

JEFFERSON:

1. BUTTE SHELTERED WORKSHOP	16 YEARS AND OLDER
2. CHILDREN'S CENTER OF HELENA, INC.	3 THROUGH 5 YEARS
3. DISTRICT VII HUMAN RESOURCES DEVELOPMENT COUNCIL - YOUTH EMPLOYMENT	16 THROUGH 21 YEARS (IN SCHOOL) 14 THROUGH 21 YEARS (DURING SUMMER)
4. DISTRICT XII HUMAN RESOURCE DEVELOPMENT COUNCIL	14 THROUGH 21 YEARS
5. EDUCATION SPECIALISTS CONSORTIUM	5 THROUGH 18 YEARS
6. FAMILY OUTREACH, INC.	NO AGE LIMIT (FOR RESPITE SERVICES) BIRTH THROUGH 18 YEARS (FOR FAMILY TRAINING SERVICES)
7. HELENA NURSING HOME	21 YEARS AND OLDER
8. HELENA RIDING ACADEMY	3 YEARS AND OLDER
9. HELENA VALLEY COOPERATIVE	6 THROUGH 14 YEARS
10. HOLLY ANN FRISCH PRE & SUMMER SCHOOL	

PROGRAM	BIRTH THROUGH 18 YEARS
11. MENTAL HEALTH SERVICES, INC.	NO AGE LIMIT
12. MONTANA INDEPENDENT LIVING PROJECT	16 YEARS AND OLDER

JUDITH BASIN:

1. CENTRAL MONTANA LEARNING RESOURCE CENTER	3 THROUGH 21 YEARS
2. MENTAL HEALTH CENTER	NO AGE LIMIT
3. REGIONAL LIVING SERVICES	3 THROUGH 21 YEARS
4. SPECIAL TRAINING FOR EXCEPTIONAL PEOPLE (STEP)	BIRTH THROUGH 18 YEARS

LAKE:

1. COMPREHENSIVE DEVELOPMENT CENTER	BIRTH THROUGH 18 YEARS
2. CONFEDERATED SALISH & KOOTENAI TRIBES FLATHEAD HEAD START	3 THROUGH 5 YEARS
3. EVERGREEN SCHOOL COOPERATIVE	3 THROUGH 21 YEARS
4. REGION V CAMP	9 YEARS AND OLDER
5. REGIONAL LIVING SERVICES	3 THROUGH 21 YEARS
6. RONAN SCHOOL DISTRICT NO. 30	3 THROUGH 21 YEARS
7. SPECIAL CITIZEN'S CENTER	18 YEARS AND OLDER
8. ST. IGNATIUS COMMUNITY DAY CARE CENTER, INC.	2 THROUGH 12 YEARS

LEWIS & CLARK:

1. BIG SKY SPECIAL EDUCATION COOPERATIVE	3 THROUGH 18 YEARS
2. CHILDREN'S CENTER OF HELENA, INC.	3 THROUGH 5 YEARS
3. COONEY CONVALESCENT HOME	18 YEARS AND OLDER
4. DISTRICT VII HUMAN RESOURCES DEVELOPMENT COUNCIL - YOUTH EMPLOYMENT	16 THROUGH 21 YEARS (IN SCHOOL) 14 THROUGH 21 YEARS (DURING SUMMER)
5. FAMILY OUTREACH, INC.	NO AGE LIMIT (FOR RESPITE SERVICES) BIRTH THROUGH 18 YEARS

	(FOR FAMILY TRAINING SERVICES)
6. HELENA HEAD START	3 THROUGH 5 YEARS
7. HELENA NURSING HOME	21 YEARS AND OLDER
8. HELENA RIDING ACADEMY	3 YEARS AND OLDER
9. HELENA SCHOOL DISTRICT NO. 1	3 THROUGH 19 YEARS
10. HELENA VALLEY COOPERATIVE	6 THROUGH 14 YEARS
11. HOLLY ANN FRISCH PRE & SUMMER SCHOOL PROGRAM	BIRTH THROUGH 18 YEARS
12. MENTAL HEALTH SERVICES, INC.	NO AGE LIMIT
13. MONTANA INDEPENDENT LIVING PROJECT	16 YEARS AND OLDER
14. SOUTHWESTERN MONTANA EDUCATION COOPERATIVE	BIRTH THROUGH 21 YEARS
15. TRI COUNTY DD, INC. / M/G TRANSPORTATION	18 YEARS AND OLDER
16. WEST-MONT HABILITATION	9 YEARS AND OLDER

LIBERTY:

1. BEAR PAW LEARNING RESOURCE CENTER	4 THROUGH 21 YEARS
2. DISTRICT IV HUMAN RESOURCES DEVELOPMENT COUNCIL	14 THROUGH 21 AND 55 OR OLDER
3. GOLDEN TRIANGLE COMMUNITY MENTAL HEALTH CENTER	NO AGE LIMIT
4. REGION II CHILD AND FAMILY SERVICES	NO AGE LIMIT
5. REGIONAL LIVING SERVICES	3 THROUGH 21 YEARS

LINCOLN:

1. COMPREHENSIVE DEVELOPMENT CENTER	BIRTH THROUGH 18 YEARS
2. LIBBY PUBLIC SCHOOLS	3 THROUGH 21 YEARS
3. LINCOLN COUNTY COOPERATIVE	3 THROUGH 18 YEARS
4. LINCOLN COUNTY SHELTERED WORKSHOP	19 YEARS AND OLDER
5. REGION V CAMP	9 YEARS AND OLDER
6. REGIONAL LIVING SERVICES	3 THROUGH 21 YEARS

MADISON:

1. DISTRICT XII HUMAN RESOURCE DEVELOPMENT COUNCIL	14 THROUGH 21 YEARS
2. FAMILY OUTREACH, INC.	NO AGE LIMIT (FOR RESPITE SERVICES) BIRTH THROUGH 18 YEARS (FOR FAMILY TRAINING SERVICES)
3. GALLATIN/MADISON COOPERATIVE	3 THROUGH 21 YEARS
4. MENTAL HEALTH SERVICES, INC.	NO AGE LIMIT
5. SOUTHWESTERN MONTANA EDUCATION COOPERATIVE	BIRTH THROUGH 21 YEARS

MC CONE:

1. DEVELOPMENTAL EDUCATIONAL ASSISTANCE PROGRAM (DEAP)	NO AGE LIMIT
2. EASTERN MONTANA COMMUNITY MENTAL HEALTH CENTER	NO AGE LIMIT
3. EASTERN MONTANA INDUSTRIES	6 YEARS AND OLDER (FOR CHILDREN'S GROUP HOME) 16 YEARS AND OLDER (FOR VOCATIONAL PROGRAMS)
4. HI-LINE HOME PROGRAMS	BIRTH THROUGH 21 YEARS
5. MC CONE COUNTY NURSING HOME	21 YEARS AND OLDER
6. PRAIRIE VIEW COOPERATIVE	5 THROUGH 21 YEARS

MEAGHER:

1. EDUCATION SPECIALISTS CONSORTIUM	5 THROUGH 18 YEARS
2. FAMILY OUTREACH, INC.	NO AGE LIMIT (FOR RESPITE SERVICES) BIRTH THROUGH 18 YEARS (FOR FAMILY TRAINING SERVICES)
3. MENTAL HEALTH SERVICES, INC.	NO AGE LIMIT
4. MOUNTAIN VIEW MEMORIAL NURSING HOME	NO AGE LIMIT

MINERAL:

1. COMPREHENSIVE DEVELOPMENT CENTER	BIRTH THROUGH 18 YEARS
2. HEAD START	3 THROUGH 5 YEARS

3. MINERAL COUNTY NURSING HOME	NO AGE LIMIT
4. MISSOULA SPECIAL EDUCATION COOPERATIVE	6 THROUGH 18 YEARS
5. REGION V CAMP	9 YEARS AND OLDER
6. REGIONAL LIVING SERVICES	3 THROUGH 21 YEARS

MISSOULA:

1. ARROW MEDICAL SERVICES	NO AGE LIMIT
2. ASUM CHILDREN'S LEARNING CENTER	3 THROUGH 5 YEARS
3. BIG BEAR RESOURCES	18 YEARS AND OLDER
4. BIG SKY EARLY EDUCATION CENTER (BIG SKY PRESCHOOL)	3 THROUGH 5 YEARS
5. CO-TEACH PROJECT	3 THROUGH 5 YEARS
6. COMMUNITY COVENANT CHURCH CENTRAL STREET HOUSE	21 YEARS AND OLDER (NONSEVERELY HANDICAPPED ONLY)
7. COMMUNITY NURSING AND REHABILITATION FACILITY	15 YEARS AND OLDER
8. COMPREHENSIVE DEVELOPMENT CENTER	BIRTH THROUGH 18 YEARS
9. EARLY CHILDHOOD CENTER	3 THROUGH 5 YEARS (PRIMARILY NONHANDICAPPED)
10. HEAD START	3 THROUGH 5 YEARS
11. HILLSIDE MANOR	16 YEARS AND OLDER
12. MEDICAID WAIVER CASE MANAGEMENT TEAM FOR PHYSICALLY DISABLED	BIRTH THROUGH 65 YEARS
13. MISSOULA AREA PARTNNERS FOR THE DISABLED	18 YEARS AND OLDER
14. MISSOULA COUNTY HIGH SCHOOLS	12 THROUGH 21 YEARS
15. MISSOULA COUNTY WELFARE DEPARTMENT	NO AGE LIMIT (NONSEVERELY HANDICAPPED ONLY)
16. MISSOULA ELEMENTARY SCHOOL DISTRICT NO. 1	BIRTH THROUGH 3 YEARS (FOR SCREENINGS) 3 THROUGH 15 YEARS (ACADEMICALLY)
17. MISSOULA SPECIAL EDUCATION COOPERATIVE	6 THROUGH 18 YEARS
18. MOUNTAIN DISABLED OUTDOOR GROUP	NO AGE LIMIT

19. NORTH VALLEY NURSING HOME	20 YEARS AND OLDER
20. OPPORTUNITY WORKSHOP - WORK ACTIVITY CENTER	18 YEARS AND OLDER
21. REGION V CAMP	9 YEARS AND OLDER
22. ROYAL MANOR, INC.	NO AGE LIMIT
23. SUMMIT INDEPENDENT LIVING CENTER	15 YEARS AND OLDER

MUSSELSHELL:

1. CENTRAL MONTANA LEARNING RESOURCE CENTER	3 THROUGH 21 YEARS
2. MENTAL HEALTH CENTER	NO AGE LIMIT
3. SPECIAL TRAINING FOR EXCEPTIONAL PEOPLE (STEP)	BIRTH THROUGH 18 YEARS

PARK:

1. COUNTERPOINT, INC.	21 YEARS AND OLDER
2. FAMILY OUTREACH, INC.	NO AGE LIMIT (FOR RESPITE SERVICES) BIRTH THROUGH 18 YEARS (FOR FAMILY TRAINING SERVICES)
3. HORSEPOWER FOR THE HANDICAPPED, INC.	3 YEARS AND OLDER PLEASE SEE COMMENTS SECTION
4. MENTAL HEALTH SERVICES, INC.	NO AGE LIMIT

PETROLEUM:

1. CENTRAL MONTANA LEARNING RESOURCE CENTER	3 THROUGH 21 YEARS
2. MENTAL HEALTH CENTER	NO AGE LIMIT
3. SPECIAL TRAINING FOR EXCEPTIONAL PEOPLE (STEP)	BIRTH THROUGH 18 YEARS

PHILLIPS:

1. BEAR PAW LEARNING RESOURCE CENTER	4 THROUGH 21 YEARS
2. DEVELOPMENTAL EDUCATIONAL ASSISTANCE PROGRAM (DEAP)	NO AGE LIMIT
3. EASTERN MONTANA COMMUNITY MENTAL HEALTH CENTER	NO AGE LIMIT

4. HI-LINE HOME PROGRAMS	BIRTH THROUGH 21 YEARS
5. MALTA OPPORTUNITIES, INC.	16 YEARS AND OLDER
6. PHILLIPS COUNTY GOOD SAMARITAN RETIREMENT CENTER	21 YEARS AND OLDER
7. PROJECT HEAD START, FORT BELKNAP	3 AND 4 YEARS OLD

PONDERA:

1. BIG SKY SPECIAL EDUCATION COOPERATIVE	3 THROUGH 18 YEARS
2. BLACKFEET D.D. PROGRAM, INC.	16 YEARS AND OLDER
3. BLACKFEET HEAD START/SPECIAL SERVICES COMPONENT	3 THROUGH 5 YEARS
4. BLACKFEET INFANT PROGRAM	BIRTH THROUGH 3 YEARS
5. BLACKFEET NURSING HOME	18 YEARS AND OLDER
6. GOLDEN TRIANGLE COMMUNITY MENTAL HEALTH CENTER	NO AGE LIMIT
7. P-T ACTIVITIES	18 YEARS AND OLDER
8. REGION II CHILD AND FAMILY SERVICES	NO AGE LIMIT
9. REGIONAL LIVING SERVICES	3 THROUGH 21 YEARS

POWDER RIVER:

1. DEVELOPMENTAL EDUCATIONAL ASSISTANCE PROGRAM (DEAP)	NO AGE LIMIT
2. EASTERN MONTANA COMMUNITY MENTAL HEALTH CENTER	NO AGE LIMIT
3. EASTERN MONTANA INDUSTRIES	6 YEARS AND OLDER (FOR CHILDREN'S GROUP HOME) 16 YEARS AND OLDER (FOR VOCATIONAL PROGRAMS)
4. POWDER RIVER NURSING HOME	18 YEARS AND OLDER
5. TRI-COUNTY SPECIAL EDUCATION COOPERATIVE	5 THROUGH 18 YEARS

POWELL:

1. CHILDREN'S CENTER OF HELENA, INC.	3 THROUGH 5 YEARS
2. DISTRICT XII HUMAN RESOURCE DEVELOPMENT COUNCIL	14 THROUGH 21 YEARS

3. FAMILY OUTREACH, INC.	NO AGE LIMIT (FOR RESPITE SERVICES) BIRTH THROUGH 18 YEARS (FOR FAMILY TRAINING SERVICES)
4. HEAD START	3 THROUGH 5 YEARS
5. MENTAL HEALTH SERVICES, INC.	NO AGE LIMIT
6. SOUTHWESTERN MONTANA EDUCATION COOPERATIVE	BIRTH THROUGH 21 YEARS

PRAIRIE:

1. DEVELOPMENTAL EDUCATIONAL ASSISTANCE PROGRAM (DEAP)	NO AGE LIMIT
2. EASTERN MONTANA COMMUNITY MENTAL HEALTH CENTER	NO AGE LIMIT
3. EASTERN MONTANA INDUSTRIES	6 YEARS AND OLDER (FOR CHILDREN'S GROUP HOME) 16 YEARS AND OLDER (FOR VOCATIONAL PROGRAMS)
4. PRAIRIE VIEW COOPERATIVE	5 THROUGH 21 YEARS

RAVALLI:

1. ASUM CHILDREN'S LEARNING CENTER	3 THROUGH 5 YEARS
2. BITTERROOT VALLEY COOPERATIVE	5 THROUGH 19 YEARS
3. COMPREHENSIVE DEVELOPMENT CENTER	BIRTH THROUGH 18 YEARS
4. NORTH VALLEY NURSING HOME	20 YEARS AND OLDER
5. RAVALLI COUNTY ADVOCACY	NO AGE LIMIT
6. RAVALLI COUNTY HEAD START	3 THROUGH 5 YEARS
7. RAVALLI SERVICES COOPERATION	18 YEARS AND OLDER
8. REGION V CAMP	9 YEARS AND OLDER
9. ST. IGNATIUS COMMUNITY DAY CARE CENTER, INC.	2 THROUGH 12 YEARS
10. SUMMIT INDEPENDENT LIVING CENTER	15 YEARS AND OLDER

RICHLAND:

1. DEVELOPMENTAL EDUCATIONAL ASSISTANCE	

PROGRAM (DEAP)	NO AGE LIMIT
2. EASTERN MONTANA COMMUNITY MENTAL HEALTH CENTER	NO AGE LIMIT
3. HI-LINE HOME PROGRAMS	BIRTH THROUGH 21 YEARS
4. PRAIRIE VIEW COOPERATIVE	5 THROUGH 21 YEARS
5. SIDNEY SCHOOLS SPECIAL EDUCATION	5 THROUGH 18 YEARS

ROOSEVELT:

1. DEVELOPMENTAL EDUCATIONAL ASSISTANCE PROGRAM (DEAP)	NO AGE LIMIT
2. EASTERN MONTANA COMMUNITY MENTAL HEALTH CENTER	NO AGE LIMIT
3. FAITH LUTHERAN HOME	NO AGE LIMIT
4. FORT PECK TRIBES PROJECT HEAD START	3 THROUGH 5 YEARS
5. HI-LINE HOME PROGRAMS	BIRTH THROUGH 21 YEARS
6. MILK RIVER, INC.	17 YEARS AND OLDER
7. POPLAR COMMUNITY NURSING HOME	NO AGE LIMIT
8. ROOSEVELT COUNTY SPECIAL EDUCATION COOPERATIVE	5 THROUGH 18 YEARS
9. SMALL WORLD PRESCHOOL AND DAYCARE	2 YEARS 9 MONTHS TO 8 YEARS

ROSEBUD:

1. BIG COUNTRY EDUCATIONAL COOPERATIVE	3 THROUGH 21 YEARS
2. COLSTRIP SCHOOL DISTRICT NO. 19	5 THROUGH 18 YEARS
3. DEVELOPMENTAL EDUCATIONAL ASSISTANCE PROGRAM (DEAP)	NO AGE LIMIT
4. EASTERN MONTANA COMMUNITY MENTAL HEALTH CENTER	NO AGE LIMIT
5. EASTERN MONTANA INDUSTRIES	6 YEARS AND OLDER (FOR CHILDREN'S GROUP HOME) 16 YEARS AND OLDER (FOR VOCATIONAL PROGRAMS)
6. NORTHERN CHEYENNE HEAD START	3 THROUGH 5 YEARS
7. POWDER RIVER NURSING HOME	18 YEARS AND OLDER
8. TRI-COUNTY SPECIAL EDUCATION COOPERATIVE	5 THROUGH 18 YEARS

SANDERS:

1. COMPREHENSIVE DEVELOPMENT CENTER	BIRTH THROUGH 18 YEARS
2. LITTLE BITTERROOT SPECIAL SERVICES	21 YEARS AND OLDER
3. REGION V CAMP	9 YEARS AND OLDER
4. REGIONAL LIVING SERVICES	3 THROUGH 21 YEARS
5. SANDERS COUNTY SPECIAL EDUCATION COOPERATIVE	3 THROUGH 18 YEARS
6. ST. IGNATIUS COMMUNITY DAY CARE CENTER, INC.	2 THROUGH 12 YEARS

SHERIDAN:

1. DANIELS/SHERIDAN SPECIAL EDUCATION COOPERATIVE	6 THROUGH 18 YEARS
2. DEVELOPMENTAL EDUCATIONAL ASSISTANCE PROGRAM (DEAP)	NO AGE LIMIT
3. HI-LINE HOME PROGRAMS	BIRTH THROUGH 21 YEARS

SILVER BOW:

1. BUTTE CONVALESCENT CENTER	18 YEARS AND OLDER
2. BUTTE HEAD START	3 THROUGH 5 YEARS
3. BUTTE SCHOOL DISTRICT	3 THROUGH 21 YEARS
4. BUTTE SHELTERED WORKSHOP	16 YEARS AND OLDER
5. CITY TAXI	NO AGE LIMIT
6. DISTRICT XII HUMAN RESOURCE DEVELOPMENT COUNCIL	14 THROUGH 21 YEARS
7. FAMILY OUTREACH, INC.	NO AGE LIMIT (FOR RESPITE SERVICES) BIRTH THROUGH 18 YEARS (FOR FAMILY TRAINING SERVICES)
8. MENTAL HEALTH SERVICES, INC.	NO AGE LIMIT
9. MONTANA INDEPENDENT LIVING PROJECT	16 YEARS AND OLDER
10. MOUNTAIN VIEW SOCIAL DEVELOPMENT CENTER	55 YEARS AND OLDER
11. SILVER BOW COUNTY DEVELOPMENTAL	

DISABILITIES COUNCIL, INC.	18 YEARS AND OLDER
12. SOUTHWESTERN MONTANA EDUCATION COOPERATIVE	BIRTH THROUGH 21 YEARS

STATEWIDE:

1. ACTIVITIES UNLIMITED	14 YEARS AND OLDER
2. BIG HORN COUNTY MEMORIAL HOSPITAL AND NURSING HOME	NO AGE LIMIT
3. BILLINGS OPTIMIST CLUB CAMP	6 THROUGH 18 YEARS
4. BUTTE PARK ROYAL CONVALESCENT CENTER	NO AGE LIMIT
5. CASCADE COUNTY CONVALESCENT NURSING HOME	6 YEARS AND OLDER
6. CENTRAL MONTANA NURSING HOME	18 YEARS AND OLDER
7. CHARLES CAMPBELL CHILDREN'S CAMP FOR THE PHYSICALLY HANDICAPPED	6 THROUGH 18 YEARS
8. CHOTEAU ACTIVITIES	18 YEARS AND OLDER
9. CHOTEAU COUNTY DISTRICT HOSPITAL AND NURSING HOME	NO AGE LIMIT
10. CHRISTIKON	10 YEARS AND OLDER
11. CRIME CONTROL BOARD/JUVENILE PROBATION	10 THROUGH 17 YEARS
12. EAGLE MOUNT	NO AGE LIMIT
13. EASTER SEAL ADULT TRAINING CENTER	16 YEARS AND OLDER
14. EASTMONT HUMAN SERVICES CENTER	NO AGE LIMIT
15. FLATHEAD INDUSTRIES FOR THE HANDICAPPED SUMMER CAMP	18 YEARS AND OLDER
16. FRIENDSHIP VILLA	NO AGE LIMIT
17. GALLATIN COUNTY REST HOME	NO AGE LIMIT
18. GLENWOOD, INC.	16 YEARS AND OLDER
19. GREAT FALLS CEREBRAL PALSY ASSOCIATION	12 YEARS AND OLDER BIRTH THROUGH 18 YEARS (AT THE DIAGNOSTIC CENTER)
20. HARLEM REST HOME	NO AGE LIMIT
21. HELENA INDUSTRIES	16 YEARS AND OLDER
22. INDIAN HEALTH SERVICES	NO AGE LIMIT
23. INTER-MOUNTAIN DEACONESS HOME	9 THROUGH 15 YEARS 5 THROUGH 15 YEARS

	(SEVERELY EMOTIONALLY HANDICAPPED ONLY)
24. LIVINGSTON CONVALESCENT CENTER	21 YEARS AND OLDER
25. MENTAL DISABILITIES BOARD OF VISITORS	NO AGE LIMIT
26. MISSOULA COMMUNITY HOSPITAL REHABILITATION CENTER	NO AGE LIMIT
27. MISSOULA YOUTH HOMES	10 THROUGH 17 YEARS
28. MONTANA ADVOCACY PROGRAM, INC.	NO AGE LIMIT
29. MONTANA CENTER FOR HANDICAPPED CHILDREN (COMPREHENSIVE DIAGNOSTIC SERVICES)	BIRTH THROUGH 21 YEARS
30. MONTANA CENTER FOR HANDICAPPED CHILDREN (EDUCATIONAL)	BIRTH THROUGH 21 YEARS (SEVERELY HANDICAPPED ONLY)
31. MONTANA DEVELOPMENTAL CENTER	NO AGE LIMIT
32. MONTANA SPECIAL OLYMPICS, INC.	8 YEARS AND OLDER
33. MONTANA STATE HOSPITAL, WARM SPRINGS	18 YEARS AND OLDER
34. MONTANA STATE LIBRARY FOR THE BLIND & PHYSICALLY HANDICAPPED	3 YEARS AND OLDER
35. MONTANA YOUTH TREATMENT CENTER	12 THROUGH 18 YEARS
36. MOUNTAIN DISABLED OUTDOOR GROUP	NO AGE LIMIT
37. MSU-DISABLED STUDENTS SERVICES	18 YEARS AND OLDER
38. NEW HOPE REGIONAL REHABILITATION CENTER	NO AGE LIMIT
39. OPPORTUNITY WORKSHOP - VOCATIONAL SERVICES CENTER	18 YEARS AND OLDER
40. PARENTS, LET'S UNITE FOR KIDS (PLUK)	NO AGE LIMIT
41. PARKVIEW ACRES CONVALESCENT CENTER	16 YEARS AND OLDER
42. PRAIRIE COMMUNITY HOSPITAL AND NURSING HOME	NO AGE LIMIT
43. RICHLAND OPPORTUNITIES, INC.	6 YEARS AND OLDER
44. SANDE CONVALESCENT HOME	18 YEARS AND OLDER
45. SHODAIR CHILDREN'S HOSPITAL DEPARTMENT OF MEDICAL GENETICS	NO AGE LIMIT
46. SPECIAL CARE CENTER	NO AGE LIMIT
47. ST. JOSEPH CONVALESCENT CENTER	NO AGE LIMIT
48. ST. LABRE HOME	3 THROUGH 18 YEARS

49. STILLWATER CONVALESCENT CENTER	NO AGE LIMIT
50. SUMMIT INDEPENDENT LIVING CENTER	15 YEARS AND OLDER
51. TETON NURSING HOME	NO AGE LIMIT
52. WAYSIDE NURSING HOME	NO AGE LIMIT
53. WHEATLAND MEMORIAL NURSING HOME	NO AGE LIMIT
54. YELLOWSTONE BOYS & GIRLS RANCH RESIDENTIAL TREATMENT CENTER	6 THROUGH 18 YEARS
55. YELLOWSTONE BOYS-GIRLS RANCH, SCHOOL DISTRICT NO. 58	6 THROUGH 18 YEARS (SEVERELY HANDICAPPED ONLY)

STILLWATER:

1. CLARK TRANSPORTATION	NO AGE LIMIT
2. MENTAL HEALTH CENTER	NO AGE LIMIT
3. SPECIAL TRAINING FOR EXCEPTIONAL PEOPLE (STEP)	BIRTH THROUGH 18 YEARS
4. STILLWATER/SWEETGRASS COOPERATIVE	5 THROUGH 18 YEARS

SWEET GRASS:

1. MENTAL HEALTH CENTER	NO AGE LIMIT
2. SPECIAL TRAINING FOR EXCEPTIONAL PEOPLE (STEP)	BIRTH THROUGH 18 YEARS
3. STILLWATER/SWEETGRASS COOPERATIVE	5 THROUGH 18 YEARS

TETON:

1. BIG SKY SPECIAL EDUCATION COOPERATIVE	3 THROUGH 18 YEARS
2. GOLDEN TRIANGLE COMMUNITY MENTAL HEALTH CENTER	NO AGE LIMIT
3. MONTANA INDEPENDENT LIVING PROJECT	16 YEARS AND OLDER
4. REGION II CHILD AND FAMILY SERVICES	NO AGE LIMIT
5. REGIONAL LIVING SERVICES	3 THROUGH 21 YEARS

TOOLE:

1. BIG SKY SPECIAL EDUCATION COOPERATIVE	3 THROUGH 18 YEARS
2. GLACIER COUNTY MEDICAL CENTER	NO AGE LIMIT
3. GOLDEN TRIANGLE COMMUNITY MENTAL HEALTH CENTER	NO AGE LIMIT
4. P-T ACTIVITIES	18 YEARS AND OLDER
5. REGION II CHILD AND FAMILY SERVICES	NO AGE LIMIT

TREASURE:

1. DEVELOPMENTAL EDUCATIONAL ASSISTANCE PROGRAM (DEAP)	NO AGE LIMIT
2. EASTERN MONTANA COMMUNITY MENTAL HEALTH CENTER	NO AGE LIMIT
3. EASTERN YELLOWSTONE COUNTY SPECIAL EDUCATION COOPERATIVE LOCKWOOD SCHOOL	BIRTH THROUGH 21 YEARS

VALLEY:

1. DEVELOPMENTAL EDUCATIONAL ASSISTANCE PROGRAM (DEAP)	NO AGE LIMIT
2. EASTERN MONTANA COMMUNITY MENTAL HEALTH CENTER	NO AGE LIMIT
3. FORT PECK TRIBES PROJECT HEAD START	3 THROUGH 5 YEARS
4. HI-LINE HOME PROGRAMS	BIRTH THROUGH 21 YEARS
5. MILK RIVER, INC.	17 YEARS AND OLDER

WHEATLAND:

1. CENTRAL MONTANA LEARNING RESOURCE CENTER	3 THROUGH 21 YEARS
2. MENTAL HEALTH CENTER	NO AGE LIMIT
3. SPECIAL TRAINING FOR EXCEPTIONAL PEOPLE (STEP)	BIRTH THROUGH 18 YEARS

WIBAUX:

1. BAKER SPECIAL EDUCATION COOPERATIVE	BIRTH THROUGH 21 YEARS
2. DEVELOPMENTAL EDUCATIONAL ASSISTANCE PROGRAM (DEAP)	NO AGE LIMIT

3. EASTERN MONTANA COMMUNITY MENTAL HEALTH CENTER	NO AGE LIMIT
4. EASTERN MONTANA INDUSTRIES	6 YEARS AND OLDER (FOR CHILDREN'S GROUP HOME) 16 YEARS AND OLDER (FOR VOCATIONAL PROGRAMS)

YELLOWSTONE:

1. BILLINGS METROPOLITAN TRANSIT DIVISION OF THE CITY OF BILLINGS	NO AGE LIMIT
2. BILLINGS SCHOOL DISTRICT NO. 2	PLEASE SEE COMMENTS SECTION 3 THROUGH 21 YEARS
3. EASTERN YELLOWSTONE COUNTY SPECIAL EDUCATION COOPERATIVE LOCKWOOD SCHOOL	BIRTH THROUGH 21 YEARS
4. GLENDEEN NURSING HOME	NO AGE LIMIT
5. GROWTH THRU ART	17 YEARS AND OLDER
6. LAUREL CHRISTIAN DAY CARE	6 WEEKS THROUGH 10 YEARS
7. MENTAL HEALTH CENTER	NO AGE LIMIT
8. MONTANA INDEPENDENT LIVING PROJECT	16 YEARS AND OLDER
9. OAKMONT INFANT CARE AND PRESCHOOL	6 WEEKS THROUGH 8 YEARS
10. REGIONAL SERVICES FOR THE DISABLED	15 YEARS AND OLDER
11. RESIDENTIAL SUPPORT SERVICES	17 YEARS AND OLDER
12. SON-SHINE DAY CARE CENTER	6 WEEKS THROUGH 10 YEARS
13. SPECIAL TRAINING FOR EXCEPTIONAL PEOPLE (STEP)	BIRTH THROUGH 18 YEARS
14. SPECIAL TRANSPORTATION, INC.	NO AGE LIMIT
15. VOCATIONAL PLACEMENT AND JOB TRAINING	18 YEARS AND OLDER
16. WEE CARE DAY CARE	6 MONTHS THROUGH 10 YEARS
17. Y.W.C.A. SEMI-INDEPENDENT LIVING PROGRAM	19 YEARS AND OLDER
18. YELLOWSTONE COUNTY HEAD START, INC.	3 THROUGH 5 YEARS
19. YELLOWSTONE COUNTY RESOURCE DEPARTMENT	NO AGE LIMIT
20. YELLOWSTONE-WEST/CARBON COUNTY SPECIAL SERVICES COOPERATIVE	BIRTH THROUGH 21 YEARS

SATELLITE INDEX

BUTTE CONVALESCENT CENTER

BOZEMAN
DILLON
GREAT FALLS
HELENA
LIVINGSTON
RED LODGE

CHRISTIKON

BILLINGS
MC LEOD

COMPREHENSIVE DEVELOPMENT CENTER

KALISPELL

CRIME CONTROL BOARD/JUVENILE PROBATION

ANACONDA
BILLINGS
BOULDER
BOZEMAN
BUTTE
CHOTEAU
CUT BANK
DILLON
GLASGOW
GLENDIVE
GREAT FALLS
HAMILTON
HARDIN
HAVRE
KALISPELL
LEWISTOWN
LIBBY
LIVINGSTON
MILES CITY
MISSOULA
PABLO
PHILIPSBURG
POLSON
RED LODGE
ROUNDUP
SHELBY
VIRGINIA CITY
WOLF POINT

DEVELOPMENTAL EDUCATIONAL ASSISTANCE PROGRAM (DEAP)

COLSTRIP

GLENDIVE

EASTER SEAL ADULT TRAINING CENTER

BILLINGS
BOZEMAN
BUTTE
CONRAD
HAVRE
LEWISTOWN

EASTERN MONTANA INDUSTRIES

MILES CITY

FAMILY OUTREACH, INC.

BOZEMAN
BUTTE

GOLDEN TRIANGLE COMMUNITY MENTAL HEALTH CENTER

CHESTER
CHINOOK
CHOTEAU
CONRAD
CUT BANK
HAVRE
SHELBY

HI-LINE HOME PROGRAMS

SIDNEY

HILLSIDE MANOR

LAKE COUNTY

INDIAN HEALTH SERVICES

BILLINGS
BOX ELDER
BROWNING
CROW AGENCY
HARLEM
LAME DEER
POPLAR
ST. IGNATIUS

MEDICAID WAIVER CASE MANAGEMENT TEAM FOR PHYSICALLY DISABLED

HELENA

MENTAL HEALTH CENTER

BIG TIMBER
BRIDGER
COLUMBUS
HARLOWTON
LEWISTOWN
RED LODGE
ROUNDUP

MENTAL HEALTH SERVICES, INC.

ANACONDA
BUTTE
DILLON
HELENA
LIVINGSTON

MISSOULA YOUTH HOMES

MISSOULA ATTENTION HOME
SUSAN TALBOT YOUTH CARE CENTER
TOM ROY GROUP HOME--MISSOULA

MONTANA INDEPENDENT LIVING PROJECT

BILLINGS
GREAT FALLS
HELENA

P-T ACTIVITIES

SHELBY

PRAIRIE VIEW COOPERATIVE

SIDNEY

REGION II CHILD AND FAMILY SERVICES

CUTBANK
HAVRE

REGIONAL SERVICES FOR THE DISABLED

HARDIN
LEWISTOWN

RED LODGE

SOUTHWESTERN MONTANA EDUCATION COOPERATIVE

DILLON

SPECIAL CITIZEN'S CENTER

POLSON

SPECIAL TRAINING FOR EXCEPTIONAL PEOPLE (STEP)

2101 11TH AVE N, BILLINGS
841 PARKHILL, BILLINGS

YELLOWSTONE COUNTY HEAD START, INC.

LAUREL
LOCKWOOD

YELLOWSTONE-WEST/CARBON COUNTY SPECIAL SERVICES COOPERATIVE

BELFRY
BILLINGS

SEARCH PROCEDURE

October 31, 1985

SEARCH PROCEDURE

WE ARE AWARE THAT TRYING TO LOCATE MORE THAN ONE DISABILITY, PROGRAM, COUNTY, AGE, AND/OR SERVICE ACROSS AGENCIES IS DIFFICULT. TO HELP, WE CAN PERFORM THE SEARCH FOR YOU (THERE IS NO CHARGE).

YOU CAN INITIATE A SEARCH EITHER BY CALLING THE MESH PROJECT AT THE MONTANA UNIVERSITY AFFILIATED PROGRAM (406) 243-5467 OR BY RETURNING THE "MESH SEARCH REQUEST FORM" TO:

PROJECT MESH
MONTANA UNIVERSITY AFFILIATED PROGRAM
UNIVERSITY OF MONTANA
MISSOULA, MONTANA 59812

IF YOU CALL, MESH PERSONNEL WILL FILL OUT THE SEARCH FORM WITH YOU, PERFORM THE SEARCH, AND, DEPENDING ON THE VOLUME OF INFORMATION, WILL CALL BACK OR MAIL A PRINTOUT OF THE RESULTS.

EITHER WAY, A FAMILIARITY WITH THE FORM IS NECESSARY. BECAUSE OF THE WAY THE COMPUTERIZED DATA BASE FUNCTIONS, SEARCHES CAN BE ACCOMPLISHED ONLY BY USING THE DESCRIPTORS GIVEN ON THE SEARCH FORM. (IF YOU HAVE A QUESTION ABOUT ANY OF THE DESCRIPTORS, GIVE US A CALL.) YOU CAN SEARCH THE FOLLOWING AREAS:

1. DISABILITIES (PRIMARY AND/OR SECONDARY)

   A. PRIMARY: THE AGENCY IS CAPABLE AND HAS FACILITIES FOR SERVING CONDITIONS CONSIDERED PRIMARY.

   B. SECONDARY: THE AGENCY WILL SERVE PERSONS WITH CONDITIONS CONSIDERED AS SECONDARY IF THESE CONDITIONS EXIST IN CONJUNCTION WITH A PRIMARY HANDICAPPING CONDITION. THE AGENCY WOULD NOT BE ABLE TO PROVIDE SERVICES IF THIS WERE THE ONLY CONDITION (FOR EXAMPLE, AN AGENCY MAY SERVE A MULTIHANDICAPPED CHILD WHO IS ALSO BLIND, BUT MAY NOT SERVE BLIND CHILDREN SPECIFICALLY).

2. PROGRAMS

3. COUNTY(IES): YOU CAN SPECIFY ONE (OR MORE) COUNTY OR ASK FOR A STATE-WIDE SEARCH.

4. AGE OR AGE RANGE(S) NONSEVERELY OR SEVERELY HANDICAPPED: IN SOME INSTANCES THE AGES AN AGENCY SERVES WILL DIFFER DEPENDING ON THE SEVERITY OF THE HANDICAP. ANY HANDICAPPING CONDITION CAN BE CONSIDERED SEVERE BASED ON THE LEVEL OF IMPAIRMENT.

5. SERVICES

EXAMPLE SEARCH:

TO LOCATE AGENCIES ACROSS MONTANA THAT PROVIDE HOME-BASED EDUCATIONAL SERVICES FOR DEAF, BLIND, OR DEAF AND BLIND CHILDREN BETWEEN THE AGES OF 0 TO 5 YEARS, AND THAT PROVIDE INFANT DEVELOPMENTAL ASSESSMENT, YOU WOULD CHECK OR FILL OUT THE FOLLOWING AREAS ON THE SEARCH FORM:

1. DISABILITIES: DEAF & BLIND, BLIND, AND DEAF (UNDER BOTH PRIMARY AND SECONDARY).

2. PROGRAMS: EDUCATION--HOMEBASED.

3. AGE OR AGE RANGE(S) NONSEVERELY HANDICAPPED: 0 TO 5.

4. AGE OR AGE RANGE(S) SEVERELY HANDICAPPED: 0 TO 5.

5. SERVICES: DEVELOPMENTAL ASSESSMENT--INFANT.

FOR MORE COMPLEX SEARCHES, GIVE US A CALL AND WE'LL HELP WITH THE SEARCH FORMS TO INSURE YOU GET THE INFORMATION YOU NEED.

COUNTY(IES) OR STATEWIDE: _____

AGE OR AGE RANGE(S) NONSEVERELY HANDICAPPED: _____

AGE OR AGE RANGE(S) SEVERELY HANDICAPPED: _____

SERVICES:

___ NEUROLOGICAL ASSESSMENT
___ DEVELOPMENTAL ASSESSMENT--INFANT
___ DEVELOPMENTAL ASSESSMENT--PRESCHOOL
___ MEDICAL ASSESSMENT
___ DENTAL ASSESSMENT
___ VISUAL ASSESSMENT
___ HEARING ASSESSMENT
___ SPEECH/LANGUAGE ASSESSMENT
___ PERSONALITY ASSESSMENT
___ INTELLIGENCE/COGNITIVE ASSESSMENT
___ VOCATIONAL ASSESSMENT
___ PERCEPTUAL/MOTOR ASSESSMENT
___ ACADEMIC ASSESSMENT
___ ADAPTIVE BEHAVIOR ASSESSMENT
___ DIETARY/NUTRITION ASSESSMENT
___ ADAPTIVE EQUIPMENT ASSESSMENT
___ PHYSICAL THERAPY
___ OCCUPATIONAL THERAPY
___ SPEECH/LANGUAGE THERAPY
___ BEHAVIOR THERAPY
___ RECREATION THERAPY
___ FAMILY THERAPY
___ ACADEMIC INSTRUCTION
___ SELF-HELP TRAINING
___ REHABILITATION/HABILITATION TRAINING
___ PARENT TRAINING
___ PREVOCATIONAL TRAINING
___ HOME AND COMMUNITY LIFE SKILLS TRAINING
___ VOCATIONAL TRAINING
___ GENETIC COUNSELING
___ PARENT COUNSELING
___ CLIENT COUNSELING/PSYCHOTHERAPY
___ SOCIAL/RECREATION ACTIVITIES
___ ADAPTIVE EQUIPMENT
___ TRANSPORTATION
___ SEX EDUCATION
___ RESPITE CARE
___ DAY CARE
___ CASE MANAGEMENT
___ REFERRAL/FOLLOW-UP SERVICES
___ CONSULTATION/TA
___ SPECIALIZED DIETARY/NUTRITIONAL SERVICES
___ INDEPENDENT/SEMI-INDEPENDENT LIVING SUPERVISION
___ ADVOCACY
___ PROTECTIVE/LEGAL SERVICES
___ OUTREACH SERVICES
___ MEDICAL SCREENING
___ CLIENT COUNSELING
___ REFERRAL
___ INDEPENDENT/TRANSITIONAL LIVING SUPERVISION
___ LIBRARY
___ SPECIALLY CONSTRUCTED CLOTHING
___ RESIDENTIAL ASSESSMENT
___ FOLLOW-ALONG

RETURN THIS FORM TO: PROJECT MESH
MONTANA UNIVERSITY AFFILIATED PROGRAM
UNIVERSITY OF MONTANA
MISSOULA, MT 59812

OR CALL: (406) 243-5467

July 31, 1984

MESH SEARCH REQUEST FORM

NAME: _____

ADDRESS: _____

PHONE: _____ DATE: _____

DISABILITIES:

P	S		P	S	
___	___	MULTIPLY HANDICAPPED	___	___	LEARNING DISABLED
___	___	SEVERE/PROFOUND MENTALLY RETARDED	___	___	SEVERE BEHAVIOR PROBLEMS
___	___	MODERATE MENTALLY RETARDED	___	___	AUTISTIC-LIKE
___	___	MILD MENTALLY RETARDED	___	___	NONAMBULATORY
___	___	DEVELOPMENTALLY DELAYED	___	___	SEVERE SPEECH/LANGUAGE IMPAIRED
___	___	EMOTIONALLY DISTURBED	___	___	MILD SPEECH/LANGUAGE IMPAIRED
___	___	NEUROLOGICALLY IMPAIRED	___	___	HEARING IMPAIRED
___	___	DEAF & BLIND	___	___	VISUALLY IMPAIRED
___	___	BLIND	___	___	PHYSICALLY IMPAIRED (E.G., CP)
___	___	DEAF	___	___	OTHER HEALTH IMPAIRED

PROGRAMS:

___	EDUCATION--CLASSROOM	___ RESPITE CARE
___	EDUCATION--HOMEBASED	___ TRANSPORTATION
___	RESIDENTIAL FACILITY	___ DAY TREATMENT
___	PUBLIC HEALTH	___ INDEPENDENT/SEMI-INDEPENDENT LIVING
___	SOCIAL SERVICE/WELFARE	___ ADVOCACY
___	VOCATIONAL REHABILITATION	___ NURSING CARE
___	HOSPITAL	___ SOCIAL SERVICE
___	MENTAL HEALTH	___ FAMILY TRAINING AND SUPPORT
___	GROUP HOME	___ INDEPENDENT/TRANSITIONAL LIVING
___	WORK ACTIVITIES	___ SPECIALLY CONSTRUCTED CLOTHING
___	CORRECTIONAL	___ YOUTH EMPLOYMENT
___	MEDICAL CLINIC	___ LIBRARY
___	DIAGNOSTIC/EVALUATION	___ ART THERAPY APPROACH
___	RECREATION	___ DAY CARE
___	HUMAN RESOURCE DEVELOPMENT COUNCIL	

ANNEX "A"

SSI ALERT DIVISION DIRECTOR REPORT

DEC 1973

I. FACTS AND ACHIEVEMENTS.

a. On 10 December 1973, Phillip R. Gonzales was appointed Division Director, SSI Alert Program, Montana

b. On 11 December 1973, the Division Director started personnel interviews for SSI District Directors/Secretarial staff and initiated work for the state SSI Alert budget monies.

c. On 12 December 1973, the Montana SSI Alert budget was completed and briefed to the Division Manager, American National Red Cross, Montana.

1) Office established. Telephone installed.

2) Personnel interviews conducted for secretarial staff.

d. On 13 December 1973, contact was made with State Director/Aging for SSI Alert budget presentation on Friday, 14 December 1973.

1) Mrs. Michael Mc Gowan was hired as Executive Secretary to SSI Alert Division Director.

e. On 14 December 1973, Mr. Dan Kelly, State Director/Aging, was briefed on the proposed budget of Montana SSI Alert monies. Budget was approved, as briefed. Mr. William Bailey, Montana Red Cross, was present at interview/briefing.

f. On 15 December 1973, Mr. Lars Lithander was interviewed and hired as the SSI Alert District Director, Great Falls District, Montana. Job position and salary to begin 1 January 1974.

g. On 17 December 1973, the SSI Alert Division Director traveled to Billings, Montana for personnel job interviews. Mrs. Adele Thiel was hired as the SSI Alert District Director, Billings District, Montana. Job position and salary to begin 1 January 1974.

   1) Briefed Red Cross Chairman, Executive Secretary/Midland Empire Red Cross Chapter and Red Cross Field Representative on the SSI Alert Program.

h. On 18 December 1973, Division Director to Butte, Montana for personnel job interviews, Mrs. Wilma Puich was hired as SSI Alert District Director, Butte District, Montana. Job position and salary to begin 1 January 1974.

   1) Executive Secretary, Red Cross Chapter, Butte, was briefed on SSI Alert.

i. On 19 December 1973, Division Director to Missoula, Montana for personnel job interview. Mr. Byron Hess was hired as SSI Alert District Director, Missoula District, Montana. Job position and salary to begin 1 January 1974.

   1) Executive Secretary, Red Cross Chapter, Missoula, was briefed on SSI Alert.

j. On 20 December 1973, Division Director to Helena, Montana for personnel job interview. Mr. Ted Larson was hired as SSI Alert District Director, Helena District, Montana. Job position and salary to begin 1 January 1974.

   1) Chairman and Executive Secretary, Red Cross Chapter Helena, was briefed on SSI Alert.

k. Additionally, the Division Director met each District Manager, Social Security Administration, in Great Falls, Billings, Butte, Missoula and Helena Districts and briefed on the SSI Alert Program and future courses of action.

l. On 21 December 1973, each new SSI Alert District Director was called with detailed instructions of the SSI Alert Seminar to be held 27-28 December 1973 in Great Falls, Montana. Letter with instructions and seminar agenda followed to insure coordinated action.

m. On 26 December 1973, the Division Director prepared for SSI Alert Seminar.

1) Conference room briefing aids, hotel accomodations, transportation, speakers (SSA), written policy letters, organizational/budget charts were prepared and readied for seminar.

n. On 27-28 December 1973, the first SSI Alert Seminar was held in Great Falls, Montana, whereby all newly appointed SSI Alert District Directors, Montana, were briefed, trained and readied to assume their duties, tasks and responsibilities on 1 January 1974. Every facet of the SSI Alert Program was discussed and resolved.

II. PROBLEMS

a. Geographical areas of responsibility for five district directors. Time, distance and population factors proved that five district directors would be unable to visit each county in Montana each month.

1) Problem resolved. The SSI Alert Division Director elected to carry the 12 eastern counties of Montana as an additional duty.

b. Inclement weather posed serious and detrimental problems for mid-winter travel in Montana to each county.

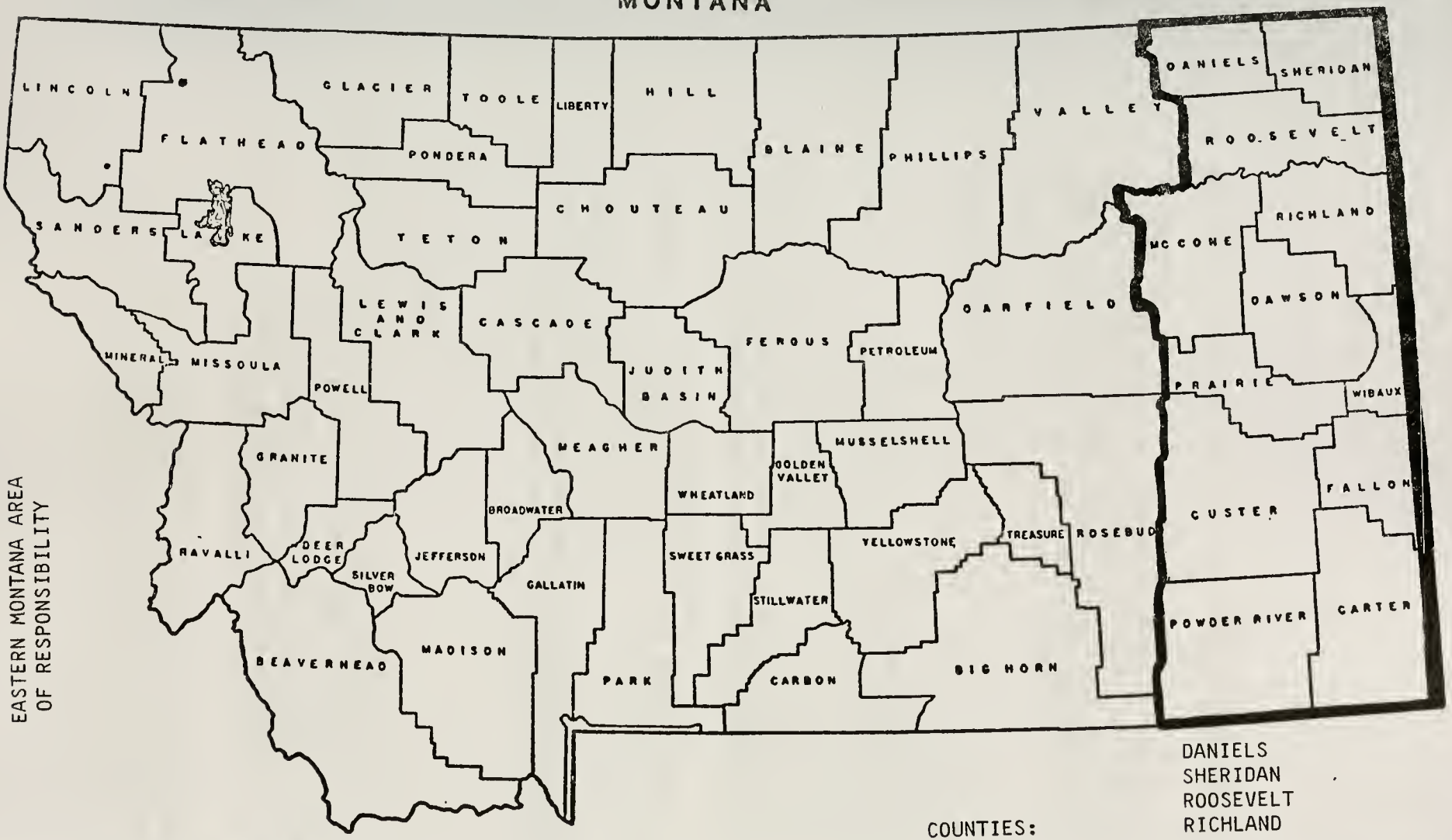
1) Problem resolved. Each district director will press on to assigned SSI Alert tasks, regardless of weather conditions. A thorough briefing was given to seminar participants on the hazards of Montana winter driving conditions by the Division Director.

III. SUMMARY/ANALYSIS

The task of completing the budget and approval, hiring of SSI Alert District Directors and staff, briefing Red Cross Chapters and SSA District Managers and briefing/training all new SSI Alert personnel in the program at the Great Falls Seminar in December 73 was a major factor in the early and successful launch of the SSI Alert Program in Montana.

APPENDIX

EASTERN MONTANA AREA
OF RESPONSIBILITY



No. 1050 — County Outline Map
STATE PUBLISHING COMPANY
Helena
80 Pads - E - WY

COUNTIES:

DANIELS
SHERIDAN
ROOSEVELT
RICHLAND
MC CONE
POWDER RIVER
DAWSON
PRAIRE
WIBAUX
CUSTER
FALLON
CARTER

ANNEX "B"

SSI ALERT DIVISION DIRECTOR REPORT

JAN 1974

I. FACTS AND SPECIFIC ACHIEVEMENTS

a. 2-4 January 1974. Work/writing December Seminar Resume', travel itinerary and letters to eastern Montana, publicity ads, etc.

b. 7-9 January 1974. Travel to Missoula, Montana to confer with Missoula District Director, Mr. Byron Hess, on establishing SSI administration/finance matters and bookkeeping system.

1) Briefed Mr. Ken Hook, District Manager, Missoula District on SSI Alert Program, December Seminar, etc.

c. 9 January 1974. Travel to Helena to confer with SSI Alert District Director, Mr. Ted Larson, on SSI Alert administration/finance matters.

1) Briefed Mr. Jack Sharp, District Manager, Helena District, on SSI Alert Program, December Seminar, publicity statements, etc.

d. 10-11 January 1974. December Seminar reports completed/forwarded. SSI speech given at annual meeting of Red Cross volunteers. State-wide television appearance on SSI Alert Program.

e. 13-26 January 1974. The SSI Alert Division Director traveled to 12 counties, Eastern Montana, to brief/train key workers and volunteers in each county and Indian Reservation on the purpose, objectives, criteria and procedures of the SSI Program. The travel itinerary throughout this time frame included Wolf Point, Scobey, Plentywood, Sidney, Poplar, Circle, Glendive, Wibaux, Terry, Miles City, Baker, Ekalaka and Broadus, Montana. All aforementioned towns represent the county seat of their respective counties;

Poplar, Montana represents the Fort Peck Indian Reservation, involving the Sioux and Assinniboine Indians.

f. 26-28 January 1974. The SSI Alert Division Director traveled to Billings, Montana to confer with the Billings District Director, Mrs. Adele Thiel on SSI Alert matters and problems.

1) A visit was made to confer and coordinate the SSI Alert Program with Mr. Ed Johnson, District Manager, Social Security Administration.

g. 30-31 January 1974. The Division Director traveled to Butte, Montana where the second SSI Alert Seminar was held and conducted for all SSI Alert District Directors.

1) Details of this seminar are covered in the Butte Seminar Report, Jan 74 (Tab B).

II PROBLEMS

a. The non-arrival of SSI Alert monies to meet payrolls and expenses in each SSI Alert District became an immediate and pressing problem for SSI Alert personnel and key Red Cross Chapters. This early financial condition posed great problems to a newly organized project and personnel.

1) Problem resolved. Local Red Cross Chapters carried certain payrolls and expenses of the SSI Program until grant monies from/through the State Director of Aging arrived o/a 12 February 1974.

b. Inclement weather continued to be an unavoidable hindrance but no deterent to the overall SSI Alert Program.

III SUMMARY/ANALYSIS

Much progress was made by all SSI Districts in briefing and training key workers and volunteers in the SSI Alert Program. Publicity and volunteer efforts did not become truly effective until the latter part of January 1974. This is due to the lag time between initial volunteer briefings and the time required for volunteers to take the field and begin their organizational and briefing efforts to potential SSI applicants.

The month of January was devoted to publicity, travel to each county of Montana, briefing/training and organizing Montana's SSI Alert volunteer force.

TAB B

Eastern Montana Monthly Report - Jan 74

TAB B

SSI ALERT FIELD REPORT

SCOBEY, MONTANA 96263 JANUARY 14, 1974

I. DISCUSSION:

The preliminary action taken by the Division Secretary to call local volunteer leaders, prior to my arrival, and request a definite meeting time and place to discuss the SSI Program is extremely beneficial in meeting and fulfilling a short time schedule/utilization of effort.

Upon arrival, I contacted Mrs. Mahler and confirmed meeting time and place with volunteer group. We met at two o'clock in the Social Center, County Court House. Among those present were:

Mrs. Sadie Walker
Mrs. Marion Eide
Mrs. Edna Waller
Mrs. Marie Dickinson
Mrs. Elma Skerritt
Mrs. Mary Sell
Mrs. Doris Mahler
Mrs. Roma Mahler
Mr. Cliff Hanson
Mrs. Ruth Bartole
Mrs. Ella Mae Evanskass
Mrs. Romella De Silva
Mrs. Beverly Barstad

I gave a full, comprehensive report on the SSI Alert Program and a long question/answer period followed the briefing. There was a general interest in the program and some enthusiasm. I passed out SSI brochures and reporting forms and each were discussed in detail. The meeting was concluded O/A four o'clock, 14 January 1974, with the statement/promise I would return in February to meet again with this group.

II. PROBLEM AREAS:

Pin-pointing the key leaders of this group was difficult. The Chapter Secretary, Mrs. Doris Mahler, was temporarily replacing Mrs. Daniels, who would be away until the following week. Mrs. Mahler was helpful but disclaimed knowledge of how to proceed/work the program. Most knowledgeable and competent was Mrs. Beverly Barstad, who works in the Social Center. She was unquestionably the group leader. I left materials with her and she will be considered second in command as a leader/volunteer for contact and guidance on the SSI Program in Daniels County.

The second most significant problem was how to begin the program, how to start identifying, locating and contacting SSI eligibles. Long periods of silence were prevalent while we all thought about this soul searching problem.

III. ACTIONS TAKEN/RECOMMENDED:

I proposed that Mrs. Elsie Daniels (487-2227) and Mrs. Beverly Barstad (487-5092) be considered Primary and Secondary leaders of the SSI Program in Daniels County.

I requested this same group to meet again at 4:00 P.M., Jan. 22, 1974, to receive a complete briefing from Mr. Herb Martin, SSA Field Representative on the SSI Program, etc. This will enable volunteers to understand and better discuss the program in the field.

I proposed the 5 key towns of appreciable size in Daniels County, i.e. Scobey, Flaxville, Whitetail, Peerless, and Four Buttes, be thoroughly canvassed to insure the SSI Program was discussed and potential SSI recipients make SSI application.

I stated I would make initial contact with the Scobey newspaper and radio and request frequent, periodic news media materials be disseminated throughout the county.

It is my belief the 5 aforementioned towns will be aptly covered. The big problem still remains - how to get deeper into the county?

PHILLIP R. GONZALES,
DIVISION DIRECTOR
SSI ALERT PROGRAM

PRG/km

ATTACHMENT I

SIGNIFICANT NOTES

Departed Havre	7:00 A.M.	1/14/74	(-6 degrees)
Arrived Scobey	12:30 P.M.	1/14/74	(-3 degrees)

Stayed at the Pioneer Hotel (487-2201), which is on the main street of the town. The room was primitive, but clean and comfortable. The roads were good, narrow secondary roads - could be a problem when snow-covered.

Talked to Kathy, Great Falls - 4:00 P.M.

Pioneer Hotel $9.00. No credit card accomodations.

SSI ALERT FIELD REPORT

PLENTYWOOD, MONTANA 59254 JANUARY 15, 1974

I. DISCUSSION:

Some delay in leaving Scobey for Plentywood because of inability to interview key news/radio personnel of Scobey. I made appointments to talk to Mr. Woods, Mgr., Radio KCGM, and Mr. Milton Gunderson, Mgr., Daniels County Leader on Wednesday A.M., 16 January 1974. It is my intent to pass on news releases in radio-press format to these personnel for county coverage.

After arrival to motel, I received a call from Mr. Roy Melle, who confirmed meeting time 1:30 P.M. at the conference room, Security National Bank of Plentywood. The meeting took place as planned, with the following personnel in attendance:

(765-1370)	Mrs. Joyce Mc Cann	Welfare
	Mrs. Romelle De Silva	Social Services
(765-1400)	Mr. Arnie Rasmussen	Pioneer Manor Home
	Mrs. Saralda Nathe	Red Cross Volunteer
	Mr. Roy Melle	Red Cross Chairman

I briefed on the SSI past, present and future and explained my role and the functions of the SSI staff throughout Montana. The briefing went well; however, only three personnel present will be considered actual workers in the program when you discount the two social functionaries. As usual, there were pertinent questions concerning eligibility which will remain unanswered until the SSA briefing.

I passed SSI material to each person and explained the SSI reference form. I left SSI application/reference forms with Mr. Melle and Mrs. Nathe. The meeting adjoured O/A 3:30 P.M., January 15, 1974. I stated I would return again in February and would coordinate my itinerary with them, as before.

II. PROBLEM AREAS:

No real problems here. The comforting fact is the presence and leadership of Mrs. Nathe. Mr. Melle is friendly and listens well but time alone will bear out his working capability and completency to this program.

III. ACTION TAKEN/RECOMMENDED:

I asked Mr. Melle and Mrs. Nathe to become team captains for this program in Sheridan County, which they agreed to. I requested they

establish key volunteer workers in the Towns of Plentywood, Medicine Lake, Outlook, Westby, Antelope, Reserve, Dagmar and Redstone, and explain/brief the SSI Program to those selected. I feel that all sizeable communities should be covered well in the initial stages of this program and then concentrate on those individuals in rural county locations through personal contact and various news media.

I requested this same group, along with the promised selection of personnel from the aforementioned towns, to meet at 4:00 P.M., Wednesday, January 23rd with Mr. Herb Martin SSA and receive a thorough SSI briefing on eligibility, etc. This request must be confirmed with SSA and either Mr. Melle or Mrs. Nathe..

I went to the local newspaper/radio offices for interview but all chiefs were out. I arranged to talk to each prior to my departure for Wolf Point via Scobey.

PHILLIP R. GONZALES,
DIVISION DIRECTOR
SSI ALERT PROGRAM

PRG/km

ATTACHMENT I

SIGNIFICANT NOTES

Departed Scobey	11:15 A.M.	1/15/74	(10 degrees)
Arrived Plentywood	12:30 P.M.	1/15/74	(40 ")

Stayed at the Plains Motel, clean comfortable, not fancy, but TV and electrical plug-in for car.

The roads between Scobey and Plentywood are good when clear of snow/ice however narrow and rolling hills.

Talked to Kathy, Great Falls - 4:15 P.M.

Plains Motel - $8.50.

In event of need, call Mrs. Nathe by day and Mr. Melle by night.

Promised to pay (SSI Funds) mileage of SSI applicants, who are unable to get to Plentywood to SSA Field Representative to make application. Mrs. Romella De Silva, Social Services for Sheridan and Daniels Counties will pick up these people when identified by Mr. Melle and/or Mrs. Nathe. She does this, but has no more monies to further operate without our footing the mileage bill. I believe these cases will be the exception, not the rule.

SSI ALERT FIELD REPORT

WOLF POINT, MONTANA 59201 JANUARY 16, 1974

I. DISCUSSION:

An early start from Plentywood, Montana this A.M.; however, due to the early hour, newspaper/radio personnel were not yet in their offices, so contact with the Plentywood news media must wait for person to person interview. I will send news articles to managing editor of the Herald and manager of Radio Station KPWO.

I did come back through Scobey, Montana, purposely to meet with the manager of the Daniels County Leader, Mr. Milton Gunderson (Box 37, Scobey, Montana 59623). I discussed in detail the SSI Alert Program and these men stand ready to print/broadcast SSI material as we give it to them. Also, Mr. Wood will interview SSI volunteer leaders on his programs after they receive a briefing from Mr. Herb Martin (SSA). While in Scobey, I called Mrs. Elsie Daniels, who had returned from her trip, and we discussed SSI in Daniels County and she will provide support and leadership to the SSI Program.

I contacted Mrs. Carpenter upon arrival in Wolf Point and confirmed meeting place and time for the afternoon SSI briefing. We met in the Sherman Motel Conference Room with the following personnel in attendance:

Annette Hebbleman, Social Worker

Beverly Evans, Eligibility Technician, Department of Public Welfare

Veronica Carpenter, Public Health Nurse & Red Cross Chapter Chairman

(Darlene Riggin, Eligibility Technician, Department of Public Welfare

Glasgow

(Delores Shelton, County Director - DPW Roosevelt Valley - Sheridan & Daniels

Shirley Meirs, Nurse Consultant - Medical Review Team - Social & Rehabilitation Services - Montana

653-1904 Beulah Waller, RSVP Director

653-1960 Sander Waller

Bonne Lu Perry, Social Worker

The discussion went well and I recognized very quickly that they needed a briefing from the SSA Field Worker, Herb Martin. His schedule for Wolf Point is on the 28th January 74 and arrangements must be coordinated for his briefing to this group on this date. Mrs. Carpenter will attend to arrangements at Wolf Point.

II. PROBLEM AREAS:

A question on how to get started with this program always arises. The difficulty, of course, is not having a name list to work and make contact. On the follow-up next month, we will best determine how effective the volunteer groups are working. It takes time for these people to get set, organized and working. No Indian representative at meeting. I must contact Tribal Chief, Norman Hollow, at Poplar, Montana before I leave this area.

III. ACTION TAKEN/RECOMMENDED:

I am developing a pattern among counties to isolate the principal towns, establish a key worker and make sure all communities are thoroughly worked and then to tackle outlying county areas through news media. At least, this represents definite actions which these people can proceed with this program.

No time to contact local radio news media and will be unable to do so tomorrow due to early appointment in Sidney, Montana. Mrs. Carpenter will insure appointment and representation of SSI workers in the towns of Wolf Point, Poplar, Culbertson, Froid, Bainville and Brockton. In addition to seeing Tribal Chairman, Mr. Norman Hollow, I will contact 2 Red Cross personnel in Poplar (Larry Burshia and Gordon Wilson) for help in working Indian affairs. I will perhaps come back through Poplar after the Sidney meeting and then proceed on to Circle, Montana from there. No changes in itinerary - just an adjustment to enable me to talk to the Fort Peck Indian peoples.

PHILLIP R. GONZALES,
DIVISION DIRECTOR
SSI ALERT PROJECT

PRG/km

ATTACHMENT I

SIGNIFICANT NOTES

Departed Plentywood	8:45 A.M.	1/16/74	41 degrees
Arrived Wolf Point	12:00 Noon	1/16/74	40 degrees

Reservations were held for me at the Sherman Motel - two years old, excellent facilities and accomodations with plug-in for car.

Room - Cost - $16.00.

Roads wet with melting snow - still slippery.

SSI ALERT FIELD REPORT

SIDNEY, MONTANA 59270 JANUARY 17, 1974

I. DISCUSSION:

The early start from Wolf Point, Montana did not allow for the stop-over at Poplar, Montana, where I contacted Mr. Norman Hollow, Tribal Chairman, Fort Peck Reservation, and arranged for a ten o'clock meeting, Friday, January 18th in which I will brief the SSI Program and how it may apply to Indians. I was thirty minutes late to arrive in Sidney and the ten o'clock meeting with Mrs. Noyes, who did not show. I did meet with a Mrs. Alice Rehbein, Public Health Nurse Supervisor, who arranged my extensive speaking schedule. She was extremely cooperative, informative, knowledgeable and helpful. I think she will be our key to success in Sidney.

I spoke o/a 12 minutes to the Kiwanis Club members at their luncheon in the Lalonde Hotel. There were 47 members there and they received my talk quite well with several questions from the audience. I stressed the need for their help in spreading the SSI word and passing on the names of SSI eligibles.

One hour later at 1:00 P.M., I went across the street and spoke to 55 of the Senior Citizens Group for approximately 30 minutes. Many of the people I spoke to, I believe were already on the program. Some questions from these people yet the leg work will come from the volunteers.

At 1:30 P.M., I went back to the new Sidney Library basement and spoke to approximately 23 mixed volunteer/agency personnel. The following personnel were present:

	Address	Organization
William E. Giese	Fairview, Montana	Lions Club
A. G. Slagel	Sidney, Montana	Lions Club
Harry Henderson	" "	
Karen Karst	" "	Welfare Department
Bobbie Agre	" "	A.E.M. Staff
Edwin Huatari	Glendive, Montana	A.E.M. Staff
Keith R. Olson	Sidney, Montana	Chamber of Commerce
Gloria P. Gibson	Miles City, Montana	Montana Director of Visual Services
Alyce Diede	Sidney, Montana	Rudland Homes
Alice Miller	" "	VFW Woman's Auxillary Co. Supt.
Ruth Hubley	" "	American Legion Aux.
Thelma Salsbury	Fairview, Montana	Senior Citizens
Macy Lewis	" "	Senior Citizens
Lucille Olson	Sidney, Montana	Meals on Wheels

	Address	Organization
Caroline Swanson	Sidney, Montana	Meals on Wheels
Luella Sprague	Fairview, Montana	
Loretta L. Welty	Sidney, Montana	
Carol Lee	" "	Health Department
Clifford C. Crippen	" "	
Sena Warner	" "	
Kelly Radue	Miles City, Montana	Social Security
Mary Alice Rehbein	Sidney, Montana	Public Health Nurse

Mr. Kelly Radue, Box 670, Miles City, Montana, the Social Security Field Worker came in at the close of my talk and answered some questions which I could not. Actually, this was a most informative talk and I thought a great deal of progress and motivation had been made. I will see Mr. Radue, a personable chap, at Miles City and I will get a briefing on Indians from him. At this meeting, I met Mrs. Jo Olson, Director of Nursing, who was reluctant to take on the SSI Chairmanship. She has not yet changed her mind.

II. PROBLEM AREAS:

Same basic problem - how to get started in the county? Mrs. Rehbein will find key personnel for Richland County in the towns of Sidney, Savage, Lambert and Fairview who will research the town for SSI eligibles. I will meet with news media but I don't have the time to do so this trip in Sidney. A tight schedule leaves little time for changes - might be considered a problem.

III. ACTION TAKEN/RECOMMENDED:

Key workers in county towns. These people will be designated by Mrs. Rehbein. News media throughout the county. Promised to come again in February - Must give itinerary to Mrs. Rehbein when complete.

PHILLIP R. GONZALES,
DIVISION DIRECTOR
SSI ALERT PROJECT

PRG/km

ATTACHMENT I

SIGNIFICANT NOTES

Departed Wolf Point	8:00 A.M.	1/16/74	38 degrees
Arrived Sidney	10:30 A.M.	1/16/74	41 degrees

No reservation made at the Lalonde Hotel, but no problem.

Lalonde Hotel $10.00 Roads from Wolf Point to Sidney narrow, icy but melting due to warming weather.

Tomorrow - Sidney to Poplar to Circle, the long way.

Call to Kathy 4:00 P.M.

SSI FIELD REPORT

POPLAR, MONTANA JANUARY 18, 1974

I. DISCUSSION:

This trip to Poplar, Montana was not on the initial itinerary but was scheduled/arranged when I learned the Fort Peck Indians were not represented at the Wolf Point meeting on the 16th of January. When enroute to Sidney, Montana, I contacted Mr. Norman Hollow, Tribal Chairman, Sioux and Assiniboine Tribes and asked that he arrange to have his Indian volunteer groups present at 10:00 A.M. on 1/18/74. This meeting and briefing did take place as scheduled. The following persons were present:

Alan Daniels	BWTP # 37	Poplar	768-3881
Calvin First	" "		
Collins Rising Sun	Manpower		768-3875
Lonny Frantzich			
Loretta Bearcub	Coordinator Comm. Org.		
Rosalyn Archale	Community Worker	Frazer	
Loverty Birdsbill	" "	Wolf Point	
Mary Jane Bear	" "	Fort Kipp	
Jessie DeMarrias	" "	Brockton	
LeRoy Firemoon	" "	Oswego Wiota	
Gordon J. Wilson	Indian Health Service	Poplar	
Everett E. Booth	Pres. Senior Citizens		
Norman Hollow	Tribal Chairman		

I gave a thorough SSI briefing to these people; this was the first time they had heard of the program. I had the impression they knew many of their people who might qualify. I did explain that Indians would require some special attention and handling due to the various tribal incomes/benefits; however, I asked that they apply, even in doubt, and let the SSA representative make final determination of their application.

II. PROBLEMS:

There may be some transportation problems for certain incapacitated Indians. I asked the volunteer group to provide transportation to/from for pick-up of these individuals and the SSI Alert would refund mileage costs.

III. ACTION TAKEN/RECOMMENDED:

They received a good briefing and well received. They were requested to compile a list of names of SSI potentials. I will personally speak to this group on my February visit. Meanwhile, we must arrange for the SSA Field Representative to go to Fort Peck on his next Wolf Point scheduled visit - brief the volunteer group and take SSI applications, if necessary or available.

Additionally, the volunteer leader, Mrs. Bearcub, should have blue pamphlets and SSI referral forms sent to her.

Fort Peck should be on my February itinerary.

PHILLIP R. GONZALES
DIRECTOR SSI ALERT PROJECT

PRG/km

SIGNIFICANT NOTES

Departed Sidney, Montana	8:00 A.M.	1/18/74
Arrived Poplar, Montana	9:00 A.M.	1/18/74

Extremely interesting visit. Excellent Indian facilities and buildings. Everyone cooperative and I was well treated by Mr. Hollow.

Passed through Wolf Point - headed for Circle and Glendive.

SSI FIELD REPORT

CIRCLE, MONTANA 59215 JANUARY 18, 1974

I. DISCUSSION:

After considerable time and expense in telephone calls to various civic leaders of Circle, Montana, the SSI Division was unable to obtain a name to organize and lead a volunteer group for meeting/discussing the SSI Program on date of my arrival in Circle. In passing through the Circle community, it did not seem feasible at that time to stop and persuade key civic leaders to participate and volunteer their services.

II. PROBLEM AREAS:

Succintly - no active Red Cross Chairman, no volunteer group in being. Without the effort and interest of the local community, there can be no real "door knocking", person to person contact within this county.

III. ACTION/TAKEN RECOMMENDED:

I propose a letter to the Mayor of Circle, Montana, which alerts him to the SSI Program and our need for volunteer representation to reach the people of his county. An intensified article to the Banner newspaper, which outlines the SSI Program and the way to make application within Mc Cone County. To concentrate on Circle, Montana on my next visit in February and to meet with a senior citizens group and hopefully, newly formed volunteer peoples.

PHILLIP R. GONZALES,
DIRECTOR SSI ALERT PROJECT

PRG/km

SIGNIFICANT NOTES

ATTACHMENT I

Departed Sidney	8:00 A.M.	1/18/74	41 degrees
Arrived Circle	12:00 Noon	1/18/74	

Circle, Montana 59215 Mc Cone County

Small, no imposing buildings except high school. The only town in the county with an appreciable population. Gasoline 51.9¢ - Decided to wait until Glendive to fill tank. Good Secondary roads.

SSI FIELD REPORT

GLENDIVE, MONTANA 59330 JANUARY 20, 1974

I. DISCUSSION:

I arrived one day ahead of schedule due to non briefing and layover at Circle, Montana. I contacted Mrs. Dorothy Geiger, Red Cross Chairman, Dawson County and she gave me the word to meet at 1:00 P.M. in the county court house. Unfortunately, only one person showed for the meeting and he was Mike Mankey, Rehabilitation Worker. We did talk about the SSI Program and how to initiate the program within Glendive and the county. Mrs. Geiger had published the meeting with many people, but they failed to show. It occurred to me that I should stress the SSI Alert Program through civic talks and radio/TV interviews. I made these arrangments with the help and assistance of Mrs. Geiger.

II. PROBLEMS:

A need to establish a volunteer group in Glendive, which Mrs. Geiger could work and promote the SSI Alert Program.

III. ACTION TAKEN/RECOMMENDED:

I spoke 10 minutes on KXGN TV and 10 minutes on KXGN Radio at 10:00 A.M., January 21st and explained and urged the SSI Program to the peoples of the 5 listening counties.

I spoke 20 minutes to the Royal Neighbor Group (25 people) at 8:00 P.M., January 21, 1974 on SSI Alert.

I spoke 15 minutes to the Catholic Daughters at 7:30 P.M., on January 22 on SSI Alert.

PHILLIP R. GONZALES, DIRECTOR
SSI ALERT PROJECT

PRG/km

ATTACHMENT I

SIGNIFICANT NOTES

Departed Sidney	8:00 A.M.	1/18/74	41 degrees
Arrived Glendive	1:30 P.M.	1/18/74	44 degrees

Excellent accomodations at the Holiday Lodge.

Please send SSI reference material to Mrs. Geiger. I will try to shake alive a volunteer in Circle, Montana tomorrow, 1/22/74.

I called Mr. Dan Kelly, Director Aged, who, said the SSI monies were mailed out today 1/21/74. I asked he personally check to insure these actions have been done.

Also, on my SSI talk to the bandage folding Catholic Daughters, whom I spoke to in Glendive on Tuesday evening 1/22/74, there were 75 women there. Afterward, they put me to work tying the bandage rolls. The numbers of all people we talk to are important.

SSI FIELD REPORT

WIBAUX, MONTANA JANUARY 21, 1974

I. DISCUSSION:

I drove from Glendive to Wibaux, Montana since I did not release hotel accomodations from Glendive. I arrived in Wibaux and contacted Mrs. Shirley Kramer, Public Health Nurse, Wibaux County. She had arranged for me to speak to several persons at 1:30 P.M. in the county court house. At 1:30, the following personnel came to the meeting:

Shirley Kramer
Carol Frash
Claude Bass
Pat Robinson
Stanley R. Zinda
Harry W. Meek

I briefed the SSI Alert Program and answered many questions. Wibaux is a very small town and is the largest and only community in Wibaux County - county population 1400.

Mrs. Kramer assured me this group at the meeting was large enough to carry out volunteer duties. It was estimated there are approximately 300 aged and 3 blind personnel in Wibaux County in accordance with Mrs. Kramer. She didn't know how many disabled peoples were in the county. Mrs. Kramer and Mrs. Pat Robinson pledged their volunteer services in seeking out names of SSI eligible peoples and briefing them on the program.

II. PROBLEM AREAS:

No particular problems. We need to forward SSI Alert reference forms to Mrs. Kramer along with a Billings District SSA itinerary of future/proposed visits to Wibaux County. I also promised to send Mrs. Kramer a copy of my February itinerary.

III ACTION TAKEN/RECOMMENDED:

I asked Mrs. Kramer to arrange my speaking to the Senior Citizens group upon next visit. I assured her that materials would be forwarded and we would contact her by phone for her progress with the volunteer groups.

I visited Mr. Frank Datta, Manager of the Wibaux Pioneer Gazette, Box 218, Wibaux, Montana and asked permission to send him a comprehensive news report on the SSI Alert Program, which he agreed. This paper is published weekly and religiously read by county residents.

PHILLIP R. GONZALES, DIRECTOR
SSI ALERT PROJECT

PRG/km

ATTACHMENT I

SIGNIFICANT NOTES

Departed Glendive	11:15 A.M.	1/21/74	30 degrees
Arrived Wibaux	11:50 P.M.	1/21/74	30 degrees

Good road to Wibaux. Small town. No hospital - no doctor. I cancelled reservations at the Palace Hotel, which they were holding. Returned to Glendive without incident and in sufficient time for radio/TV interview in Glendive. Suggest staying again overnight in Glendive when making call to Wibaux.

Mrs. Shirley Kramer	795-2434	Office
	795-2598	Home

SSI FIELD REPORT

TERRY, MONTANA 59349 JANUARY 22, 1974
PRAIRIE COUNTY

I. DISCUSSION:

The trip to Terry, Montana in the A.M. was a productive and fruitful visit with the community leaders:

	Susan Ashley	
*	Ruth Sackman	Red Cross
	Margaret Tuckert	
	Eva M. Cullen	
*	Ivan Ban	County Assessor
	Ruth Lounsbery	
*	William O. Gibson	County Agent

Upon arrival, I contacted Mr. Ban who informed me that I would speak to the above group at 1:00 P.M. We discussed the SSI Alert Program at great length and I am confident this group will come up with all possible eligibles in Prairie County for the SSI Program. I am certain that if we can obtain all possible eligibles here in Terry, Montana - that we will have canvassed and contacted the bulk of Terry's potential. (50% of all county population live in Terry and Terry's population is 870).

II. PROBLEMS:

None as yet.

III. ACTION TAKEN/RECOMMENDED:

This group wants to receive a briefing from the SSA representative, therefore, I promised to coordinate his visit with a briefing in February. The group will obtain names and pass them on to Mrs. Sackman. I will coordinate my February visit with Mr. Ban who will have the volunteer group, Senior Citizens and the Prairie County SSI eligibles in attendance for our SSI meeting. I will forward a news report to Mr. James Triplett, Manager of the Terry Tribune, whom I contacted upon arrival. He will print a thorough comprehensive report on our SSI program. It is necessary to send Mr. Ban SSI Alert reference forms, along with several blue brochures.

ATTACHMENT I

SIGNIFICANT NOTES

Departed Glendive	10:30 A.M.	1/22/74	38 degrees
Arrived Terry	11:15 A.M.	1/22/74	Same

Trivia: There are 72 sections of land in Prairie County.

Mr. Ban's Telephone Numbers 637-5466 Home
637-5545 Office

Glendive Note:

I made a taped interview with Mrs. Hurd, reporter from the Pioneer Gazette, Glendive, Montana on the SSI Program. This lady called me at 6:30 P.M. and arranged for this interview of 8:00 P.M. She is 70 years old, carries a portable tape recorder and she is typical of the spirit, energy and drive these Montana women are endowed.

SSI ALERT FIELD REPORT

MILES CITY, MONTANA 59301 JANUARY 23, 1974

I. DISCUSSION:

I traveled from Glendive to Miles City, Montana and arrived in sufficient time to relieve a very worried Mr. Ray Riggs, Chapter Chairman, who had a luncheon arranged (Met Cafe) and a cross section of civic leaders in attendance. The program/luncheon was set for 12:00 Noon and I did talk with Mr. Riggs and Mr. Charles Hatch prior to the luncheon.

There was a pleasing turn out for this program. The following named personnel were present:

June Jordan	Red Cross
Henry Jordan	
Marion Nudge	Holy Rosary
Joyce Myhre	Action for Eastern Montana
Verna Benasky	Meals on Wheels
Russ Porter	Meals on Wheels
R. J. Billigmeier	
L. Gatlin	Health Department
Colleen Kohn	Public Health Nurse
Harvey A. Milton	American Legion
Mrs. Connie Milton	
Ross Brooks	WWI
Charles M. Hatch	
Ken Chillers	Social Security
Phillip R. Gonzales	SSI Alert
Grady Clancy	Pastor
Al Howard	KATL
Paul Jelnick	AARP
Leonard Perkins	ARR
Betty Vimont	SCCAS
Agnes Buffington	Senior Citizens
Lillie Mochet	VFW Auxillary
Charlotte Arnold	" "
Sherry Holman	Welfare Department
E.E. Baker	AARP
Bruce Hall	V.A. Hospital
Don Eyre	State Farm
David Rivens	KYUS TV
Vern Erlen Busch	Vocetional Rehab.

I talked for approximately 40 minutes on the background and present SSI Program. Much interest and many questions were asked about the program. The SSA Field Representative, Mr. Ken Childers was there, along with reporters from the Miles City Star and Television KYUS - who did report the SSI luncheon and speech. Many favorable comments about the talk. I did urge for their cooperation and assistance in locating the counties SSI eligibles and their talking about the program throughout Custer County.

II PROBLEM AREAS:

No deep seated problems. A very live, interested community.

III ACTION TAKEN/RECOMMENDED:

In discussing the luncheon program with Mr. Riggs and Mr. Hatch, I noted there were no Indian representation. Mr. Hatch suggested he arrange for me to meet with Mr. White Crow (Artist and Indian Leader) the next day, on the 24th of January and discuss the SSI Program with him.

I did meet with Mr. Hatch and Mr. White Crow and obtained complete cooperation from Mr. White Crow to br ng in all Indian potential eligibiles from Custer County and leave the names with Mr. Hatch. Upon my return in February I will brief these Indian peoples.

In talking with Mr. White Crow, I found that it is important to talk to the Northern Cheyennes at Lame Deer, Montana about our program. I will contact Adele Thiel and learn what she has or will do in working with the Indians. Mr. Hatch will need SSI Referral material and notice of my February itinerary, when completed. I will need to contact and submit news articles to the Miles City Star.

PHILLIP R. GONZALES
DIRECTOR SSI ALERT PROJECT

PRG/fan

SIGNIFICANT NOTES

Departed Glendive, Montana 10:00 A.M. 1/23/74 (32 deg)
Arrived Miles City, Montana 11:10 A.M. 1/23/74 (39 deg)

Good roads. Custer County 12,174 and Miles City 9,023 populations.

The War Bonnet Motel $12.00 - some distance from town and no eating facilities. Clean and 3 star on a 5 star Richter scale.

What an interesting morning I had talking with Mr. Hatch and Mr. White Crow on Thursday, A.M., 1/24/74. Both are a link to the past in the white and red man's background in Miles City and Montana's history. As a result, I was almost late in arrival to Baker, Montana.

Mr. Charles Hatch	518 Main Street
Ms. Betty Viemont	205 N. 5th (232-2366)
Mr. Ray Riggs	(232-3086)

SSI FIELD REPORT

BAKER, MONTANA 59313 JANUARY 24, 1974

I. DISCUSSION:

I called Dr. Sam Weeks immediately upon arrival in Baker. When I asked him about the arrangements for the meeting - he said they had met yesterday on the 23rd and today, all senior citizens had gone to the country. I told him that was just great since I would not have anything to do and I was sure I would have a fine day. He said he was lying through his teeth and the meeting with the Senior Citizens would be at 1:30 P.M. I said I would like to meet with him earlier, at his convenience. So we arranged to meet at the Senior Citizens Center at 1:15 P.M. Upon arrival, he asked, "What do you want to say to me?" I told him I just wanted to meet a crochety old man, who gives my secretary a bad time. He got a big laugh out of that and we got along fine thereafter. We talked about Indians until the following Senior Citizens arrived:

Mrs. Anna Schultz
Otto Beck
Mrs. Don Morris
Doris Skidmore
Delilas Huber
Hazell Stark
Annie Malenovsky
Gulnare S. Lutts
Dessa Shepherd
Lola Rustad
Ethel Gustafson
Alice Lambert
Lois F. Rose

Sam Weeks was there - he didn't sign his name, plus three late-comers who also didn't sign their names.

I gave the SSI briefing and there were many, many questions. I think the reason for the same question asked more than once is because several women were quilting a quilt throughout this time frame.

II. PROBLEMS:

No problems at this point. If we obtain the names of all eligibles in Baker, we will have included 75% of the county population.

Requires a comprehensive news article in the Fallon County Times and Radio Station KFLW (960).

III. ACTIONS TAKEN/RECOMMENDATIONS:

The briefing went well. Most importantly, the entire group was cooperative and immediately started to compile a list of eligible persons for the SSI Program. They will have these listed persons at our February meeting and I will brief them and review the entire list to insure everyone knows about the program and make application. The SSA Field Representative should brief these people on next visit. News articles for the paper must be submitted next week. These people are active and very much alive.

PHILLIP R. GONZALES,
DIRECTOR SSI ALERT PROJECT

PRG/kam

SIGNIFICANT NOTES

Departed Miles City	11:15 A.M.	1/24/74	38 degrees
Arrived Baker	12:45 P.M.	1/24/74	44 degrees

Good road and absolutely beautiful country.

Star Motel - $7.00 - ½ star rating. Actually I believe there are better motels in town and I am wondering why they always laugh when I asked if they have my reservation and a room.

Visited with Dr. Week's and his wife in the evening. When he went to his jewelry box to show me an Indian piece of jewelry, he found Kathy's complete name and address in the box. You talk about one puzzled doctor! He could not understand how that piece of paper got there. Finally, he bugged his wife until she told him she had taken the call and had put the paper in his box. Oh me!

SSI FIELD REPORT

EKALAKA, MONTANA 59323 JANUARY 25, 1974

I. DISCUSSION:

The trip from Baker, Montana to Ekalaka, Montana is a short distance of 35 miles, but picturesque with rolling hills. I arrived early and called Mr. Lovec who said a meeting with the Senior Citizens Group was scheduled for 2:00 P.M. at the Senior Citizens Building. I arrived a little early and Mr. Lovec did not show. I called and he said he would be unable to attend and to go ahead with the meeting. The following persons attended:

Ira Kortum
Eulabe Parker
Marion L. Strait
Walter Gundlach
Margie Gundlach
Lorna Turbville
Dorothy Rilley
Anna M. Pope
Mary Ward
Leonard Ward
Charles A. Pope
Norman R. Warkens
Stella Warkins
Mabel M. Strait
Gloria Heggen

I gave the SSI briefing and the meeting lasted almost 1½ hours. This same group had received a perfunctory briefing from a SSA Field Rep. about a month earlier.

II. PROBLEMS:

A problem could exist through a lackadaisical participation of Mr. Lovec to this program. He was not too interested in the SSI or what we are trying to do for the community. I think he should have given his presence and support to his community by showing up for this initial meeting. As a result, I have turned away from him as the Ekalaka civic leader for this program and I have solicited the help and aid of Mrs. Mabel Strait (Telephone 5-4622), Box 32, Ekalaka, Montana 59324. She is the Senior Citizen's President and should do very well as our contact.

III. ACTION TAKEN/RECOMMENDED:

I visited the Ekalaka Eagle to talk to Mr. Tom Taylor, the managing editor, about SSI, however he was out of town and I did brief the typesetter, who said he would pass on my message and they would look forward to receiving our SSI news article.

I tried to contact Ekalada's mayor, who is a bee-keeper, but he was also out of town. Nevertheless, the acting mayor, in his absence did show for our briefing and meeting.

I requested the Senior Citizen Group to compile a list of SSI eligibles, brief on the program, and I would give them a good talk on my February visit and fill referral forms at that time.

I promised to send the SSA Field Representative to the Senior Citizens Center on 2/18/74 (his scheduled day for Ekalaka) to brief this group and take applications, if applicable.

PHILLIP R. GONZALES
DIRECTOR SSI ALERT PROJECT

PRG/km

SIGNIFICANT NOTES

Departed Baker, Montana	8:30 A.M.	1/25/74	41 degrees
Arrived Ekalaka, Montana	10:00 A.M.	1/25/74	44 "

A beautiful drive and good roads. It would be best to stay overnight in Baker or Miles City as the accomodations in Ekalaka are sparse.

Senior Citizen Center	775-2772	
Tom Taylor - Ekalaka Eagle	5-3232	
Mayor Joe Barrow	5-4234	
Gladys Beasley,	5-2551	Home
Red Cross Volunteer	5-3222	Office
Rudy Lovec	5-3281	
Mabel Strait	5-4622	

Sent SSI Referral Forms with addition Card A & B Forms.

PRG send news article next week to Eagle for Carter County dissemination.

ANNEX "C"

SSI ALERT DIVISION DIRECTOR REPORT

FEB 74

I FACTS AND SPECIFIC ACHIEVEMENTS

a. 1 February 1974. The Division Director traveled to Helena, Montana to discuss non arrival of SSI Alert payroll monies with the State Director/Aging.

1) A long conference was held with Mr. Ted Larson, Helena District Director, on SSI Alert matters.

b. 4 February 1974. The Division Director traveled to Helena, Montana to brief and introduce the SSI Alert Program to the State Legislature, Helena, Montana. The SSI Alert Program, as it relates to the American National Red Cross volunteer force, was introduced by State Representative Jack Tierney and Phillip R. Gonzales, SSI Alert Division Director, who was a witness and testifier to the program.

c. 5-10 February 1974. Work was continued on obtaining payroll monies and completing SSI Statistics throughout this period.

1) A telephone conference call was made to all SSA District Directors to discuss current policies and problems of the SSI Alert Program. This communication procedure was extremely beneficial in clearing the air on eligibility criteria and procedures with all SSA District Directors listening and participating to resolve SSI questions and problems, statewide. This is the first and only time the Division Director has been in conference with all SSA District Managers.

d. 11-19 February 1974. The SSI Alert Division Director traveled to the 12 eastern Montana counties to brief and work with key workers and volunteer personnel on the SSI Alert Program. The travel itinerary during this period included Wolf Point, Scobey, Plentywood, Sidney, Poplar, Circle, Glendive, Wibaux, Terry, Miles City, Baker, Ekalaka and Broadus, Montana.

1) Specific effort was made to work and train Indian volunteers and seek to identify, locate and brief all SSI potentials on Fort Peck Indian Reservation.

e. 19 February 1974. The Division Director traveled to Billings, Montana to coordinate the SSI Program with SSI Alert District Director, Mrs. Adele Thiel.

1) Conferred with the Billings SSA District Manager, Mr. Ed. Johnson.

f. 20 February 1974. The Division Director traveled to Butte, Montana to confer and coordinate with the SSI Alert District Director, Mrs. Wilma Puich, on SSI matters.

1) Talked with Mr. Rudy Menghini, SSA District Manager, in regard to the progress/status of the Butte District SSI Program.

g. 21-22 February 1974. The Division Director traveled to Missoula, Montana to confer/coordinate with Mr. Byron Hess, District Director on matters pertaining to the SSI program, Missoula District.

1) Talked with Mr. Ken Hooks, SSA District Manager, Missoula District on SSI status and progress.

2) State-wide television appearance with Mr. Sterling Peterson, Deputy Regional Director (SSA) Denver, Colorado and Mr. Byron Hess, SSI Alert District Director, Missoula.

h. 23-26 February 1974. The time spent in the Great Falls Office, during this period by the Division Director was devoted to intensive administrative work and catch up on field reports, policy letters, etc.

i. 27-28 February 1974. The Division Director traveled to Helena to attend and participate in the third SSI Alert Seminar. This briefing and up date on the SSI Alert Program was extremely beneficial to all district directors and conferees. One of the prime objectives of the seminar was to reconcile all budget monies and finances to determine if phase-out of Montana's SSI Alert Program should begin in the latter part of March and a subsequent termination of the SSI Project, 31 March 1974.

1) Mr. Jack Sharp, SSA District Manager, Helena District was guest speaker and advisor to the seminar.

2) Mr. Dan Kelly, State Director of Aging was in attendance throughout the entirety of the seminar.

II PROBLEMS

a. Payroll and expense monies for Montana's SSI Alert Program arrived during February.

1) Resolved - as described in January's report.

b. Fort Peck Indians complained about the SSA coordination and processing of SSI applicants.

   1) Resolved - through conversation(s) with Great Falls SSA District Manager.

c. A decision and close look at the SSI Alert budget and monies for continuation of the SSI Alert Program beyond 31 Mar 1974.

III SUMMARY/ANALYSIS

The SSI Alert Program for Montana is beginning to accelerate and improve in a most favorable progression. Volunteer forces, along with an unrelenting publicity campaign in news - television and radio media, are now contacting potential SSI eligibles; the people of Montana are now learning and understanding what the SSI Program is and its purpose. Most volunteer workers were briefed and trained in January - the SSI Alert District Directors concentrated on up-date briefings to volunteers and improved publicity. Again, every volunteer in every Montana county was briefed and monitored by District Directors.

TAB C

Eastern Montana Monthly Report - Feb 74

SSI FIELD REPORT

WOLF POINT, MONTANA FEBRUARY 11, 13, 1974

I. DISCUSSION:

As previously discussed, there was no meeting arranged or work accomplished on the SSI Program when I arrived on Monday, February 11th and called Mrs. Carpenter. I did obtain the names of two workers from Mrs. Carpenter, who might help in this program -

Mrs. Beulah Waller - Telephone 653-1904 Home
P. O. Box 479 653-1960 Office
Wolf Point, Montana

Mrs. Viola Hentges Telephone 653-2457
Senior Citizens Building
Main Street
Wolf Point, Montana

I contacted each of them and arranged to talk to the Senior Citizen Group on Wednesday afternoon at 4:00 P.M., February 13th. On the evening of the 11th of February, I called Radio Station KVCK, and asked Mr. Dick Fisher, the Station Manager, permission to come in that evening and cut a tape on the SSI Program. On the way to the station, I stopped at the Wolf Point newspaper office and inquired about our news release and publication. I was told it would be published this week.

I cut a 10 minute monologue tape on the SSI Program and it was run three times on the 12th of February throughout Sheridan County.

On the 13th of February, I rushed from the Fort Peck meeting at Poplar to a meeting with Wolf Point's Senior Citizens at 4:00 P.M. I was 15 minutes late but I did brief 65 senior citizens on the SSI Program and bevefits. Mrs. Waller is handling the assignment of volunteer workers and SSI Referral Form Applications.

II. PROBLEMS:

Wolf Point and Sheridan County is behind in the SSI Program. This is due to the inaction and accomplishment between the time of my first visit in January and to the present. I must assume the responsibility for the poor response, however I believe the newspaper release, radio broadcasts and the talk and work with Mrs. Waller and the Senior Citizens will help in SSI applications. Emphasis must be placed here in this county.

Mrs. Waller and Mrs. Hentges should become our new volunteer leaders for this community.

III. ACTION TAKEN/RECOMMENDED:

As suggested in the preceding paragraph, the program must be worked through new volunteer leaders and the Senior Citizen.

PHILLIP R. GONZALES,
DIVISION DIRECTOR

PRG/km

ATTACHMENT I

SIGNIFICANT NOTES

Departed Great Falls	7:15 A.M.	2/11/74	(?)
Arrived Wolf Point	12:20 P.M.	2/11/74	(32 degrees)
Departed Poplar	4:00 P.M.	2/13/74	(5 degrees)
Arrived Wolf Point	4:20 P.M.	2/13/74	(5 degrees)

I failed to mention that on the afternoon of the 11th of February I drove to Poplar and contacted Mr. Norman Hollow, Tribal Chairman, and confirmed the 2:00 P.M. meeting time and date with him on the 13th.

All is well.

SSI FIELD REPORT

Scobey, Montana February 12, 1974

I. DISCUSSION:

The meeting in Scobey, Montana was a successful and productive effort in briefing and organizing the following volunteer personnel:

Elsie Daniels	Scobey
Beverly Barstad	Scobey
Mary Lou Goulet	Flaxville
Mildred Anderson	Peerless
Theslyn Tong	Scobey
Doris Mahler	Scobey
Gertrude Bush	Scobey
Clifford Hansen	Scobey
Lorna Dahl	Four Buttes
Mary Sell	Scobey
Clara Ofstedal	Scobey
Jean Halvorson	Scobey
Vera Melena	Scobey
Gay Chandler	Plentywood

There was no need to brief again the SSI Program as these people have a good in-depth knowledge of what the SSI Program is and how it works. I did bring them to date as to the latest changes and the overall program, as it looks from an overall state level perspective. Several questions were asked, however, the crux of the meeting centered around the names of potential eligibles and how to obtain even more leads and make contact. Mrs. Daniels and Mrs. Barstad are cracker-jacks in organization and making things move. The SSA Field Rep. has given them good briefings, as we had scheduled for them, and Mr. Martin appears to be doing a very good job. (Note: It wouldn't hurt to pass this information on to Mr. Ray Pedersen, his boss.)

II. PROBLEM AREAS:

Some question/confusion on earned income and the amount a person could earn and still be eligible for SSI benefits, but I cleared that question up with detailed explanations and examples. In this instance, it would be well to have color slides showing various case situations. It would save time and make statistics more clear.

III. ACTION TAKEN/RECOMMENDED:

Mrs. Daniels, aggressively and completently, assigned each volunteer a specific job and instructions on checking out the surrounding community areas/towns for SSI eligibles. SSI Referral applications were again handed out and supplies replenished. Mr. Martin will be in on the 20th of February and several questions will be posed to him on alcoholics and addicts, as I did not have the exact answers. Mr. Fay Chandler is an ACTION worker from Plentywood and deals with these people and would like to know the answers to these type questions. Remind me to send him my March itinerary as he wants to meet with me in March.

Mrs. Daniels and I went to the local Radio Station (KCGM - 95.7) in the Leader Building and taped a 12 minute interview on the SSI Program. It will be played initially on the 12th of February and at least 3 times thereafter. I thought the interview went very well and should help to reach those people out in the far areas of Daniels County. The newspaper "Leader" did receive our long and comprehensive suggested news release on the SSI Program and the editor/manager will publish it this coming week.

PHILLIP R. GONZALES,
DISTRICT
DIVISION DIRECTOR

PRG/km

ATTACHMENT I

SIGNIFICANT NOTES

Departed Wolf Point	8:15 A.M.	2/12/74	(31 degrees)
Arrived Scobey	9:00 A.M.	2/12/74	(36 ")

The tight February schedule made it imperative I make an early start for Scobey (48 miles). The meeting was at 10:00 A.M., therefore no problems.

The roads - dry, but the streets of Scobey are completely ice-sheeted.

Lunch with Mrs. Daniels and her husband and departed for Plentywood O/A 12:30.

SSI FIELD REPORT

Plentywood, Montana 59254 February 12, 1974

I. DISCUSSION:

Despite the late luncheon in Scobey, I arrived in Plentywood in sufficient time for the meeting with the following volunteer personnel in attendance:

Adeline A. Ueland, R.N.	County Nurse
Roy F. Melle	Red Cross Chairman
Arnie Rasmussen	Mt. Pioneer Manor
Saralda Nathe	Red Cross Advisory Bd.
Elsie Medders	Social Service Agency
Bob De Tierne	Red Cross - First Aid
Leonard Smith	Fund Chairman
Janice Blair	Red Cross Secretary

The meeting was again held in the conference room of the Security National Bank with very comfortable accomodations. The meeting assumed an informal atmosphere with no formal SSI presentation necessary due to their present SSI knowledge and understanding. As in Scobey, the meeting stemmed around obtaining lists of SSI eligibles. Mrs. Nathe has done a great amount of work in this area and Mr. Melle has personally contacted and arranged several applications. I passed out additional SSI Referrals and went over the form again with them. It appears, on this second visit to the field, that the volunteer leaders are really assuming their community leadership roles and are well into the work/productive phase of the program.

II. PROBLEM AREAS:

No significant problems. They all, now, understand the program and know what they have to do. I have enough sense not to interfere and let them do it in their own good American way.

III. ACTION TAKEN/RECOMMENDED:

Each volunteer will obtain each name of every aged, blind and disabled in the five communities surrounding Plentywood. In turn, each name will be contacted and briefed on the SSI Program. They have done much already. I offered, again, help in defraying transportation costs of volunteer workers for SSI business. I think it would be appropriate to send $25.00 to Mrs. Nathe for dispensation to volunteers for mileage, as used. Her judgement in this matter would be sufficient for me.

After the meeting, Mrs. Nathe, Mr. Melle and I went to Radio Station KPWD (100.1), First and Main, where we conducted a live 15 minute interview on the SSI Program. It went extremely well and we told the whole SSI story and background.

Additionally, the "Herald" newspaper will run our SSI news release article this week. Mrs. Nathe will send copies to us.

PHILLIP R. GONZALES,
DIVISION DIRECTOR

PRG/km

ATTACHMENT 1

SIGNIFICANT NOTES

Departed Scobey	12:35 P.M.	2/12/74	(30 degrees)
Arrived Plentywood	1:15 P.M.	2/12/74	(16 degrees)

Roads clear of ice but some fog and colder. I arrived in Plentywood with no idea where Mrs. Nathe would hold the meeting or when. I went to the Security National Bank conference room, as before. I walked in at 1:30 and they were all seated. I asked what time the meeting was to start and they said 1:30. Close.

I departed Plentywood at 4:40 P.M. and arrived Wolf Point before dark. Called Kathy at 4:25.

SSI FIELD REPORT

SIDNEY, MONTANA 59270 FEBRUARY 13, 1974

I. DISCUSSION:

Today's mission and drive to Sidney, Montana this early A.M. was conducted at 6 degrees and blowing snow. Despite comparatively dry pavement conditions, it did slow my arrival in Sidney, (84 miles). I was O/A 30 minutes late on an ETA of 9:00 A.M. Mrs. Rehbein was watching anxiously for my arrival from the door of the library basement. It appears a large gathering of people had been arranged by this most competent and amazing woman for a 9:00 A.M. briefing. It didn't seem to fluster her as she explained that another meeting was set up at 10:00 A.M. in the bank basement (excellent facilities) and the following volunteers were present at this meeting:

NAME	ADDRESS	INTEREST
Russ Albert Witzel	116 4th Avenue N.W.	Ebenezer
O. L. Crumpacker	908 9th Avenue S.E.	Sen. Citz.
Chester P. Johnson	312 2nd Avenue S.W.	Sen. Citz.
Phil Schumacher	1015 4th S.W.	Richland House
Aldyth Andersen	616 6th Ave. S.E.	Sen. Citz.
Allen Darnall	Route 1	Sen. Citz.
Rev. Milan Ingman	310 9th St. S.E.	Lutheran Church
J. Ron Wight	Box 349	L.D.S.
C. H. Weismandel	817 6th Ave. S.E.	
Mrs. Ralph Kuhn	B 8 Guard Route	St. Mathews
Mrs. James Weitz	517 3rd Street S.E.	St. Mathews
Mrs. John Eggum	621 6th S.E.	St. Mathews
Mrs. Myrtle Fisher	419 3rd Avenue S.W.	St. Mathews
Mrs. Ella Boe	317 3rd Avenue S.W.	
Rev. Amold Brown	P. O. Box 546	Savage VCC Peoples Church
Mrs. Pablo Vallejo	808 5th St. S.E.	
Mary Smylie	152 Sunset Apt.	
Phil Junso	606 9th S.W.	Red Cross, Chm.
Mary Alice Rehbein		

We had a highly successful meeting with volunteers assigned to bring in names of SSI potentials from Rchland County towns. The group consisted of a cross section of civic/community leaders, including one doctor, three church pastors and many senior citizens, including their

president. The meeting lasted until 11:30 A.M. We had to hurry away to Radio Station KGCX (1480) in the Lalonde Hotel where the amazing Mrs. Rehbein had scheduled the three of us - Mrs. Rehbein, Mr. Junso (new Red Cross Chairman) and myself - for a 12 minute taped radio interview. Since the station manager was unfamilar with the SSI Program - I did introduce the program on the air. I had Mr. Junso ask questions and Mrs. Rehbein explain the volunteer program and where inquiries should be made.

After the interview, Mrs. Rehbein hustled us off to a large luncheon (35 personnel) where I again spoke and had my picture taken for the local paper. At this time, it was 12:40 P.M. and I was due 64 miles away for a 2:00 P.M. appointment in Poplar, Montana with still blowing snow conditions. I excused myself and profusely thanked everyone and dashed to the car.

II. PROBLEMS:

None.

III. ACTION TAKEN/RECOMMENDED:

Mrs. Rehbein has everyone well organized and working. Names of SSI eligibles in Richland County will be forthcoming. Mr. Martin has talked to them, as we had requested. Everyone was interested in the program and workings. The news article we forwarded to the Herald will be published this week.

PHILLIP R. GONZALES,
DIVISION DIRECTOR

PRG/km

ATTACHMENT I

SIGNIFICANT NOTES

Departed Wolf Point	8:15 A.M.	2/13/74	(6 degrees)
Arrived Sidney	9:30 A.M.	"	(13 degrees)

The schedule is tight, however I am pleased with the preparation and planning which facilitates the maximum utilization of everyone's time and efforts. A little wordy but true. So far, I am batting 100 percent on news release and radio interviews.

Circle is yet to come.

All is well.

SSI FIELD REPORT

POPLAR, MONTANA FEBRUARY 13, 1974

I. DISCUSSION:

I arrived in Poplar, Montana at exactly 2:00 P.M. from Sidney, Montana for the SSI meeting with the Fort Peck Indians. Mr. Hollow, the Tribal Chairman, seemed to be glad to see me and he had all arrangements made with everyone in place. The following personnel were in attendance:

Myrtice & Justin		Redstone
Loverty Birdsbill	Community Worker	Wolf Point
Ruth Todd		
Rosalyn Archdale	Community Worker	Frazer
Loretta Bearcub	Coordination Community	Poplar
Collin Rising Sun	BWPP - Manpower	
Robert Black Dogs		
L. Firemoon	Community Worker	Oswego-Wiota
Jessie De Marrias	Community Worker	Brockton
Sarah Lawrence		
Agnes Hale		
Mable Sparvier		
Syhria Roberts	Board Member	
June Stafne	Board Member	
Thelma Blount	Counselor Talent Search	
Dale Red Eagle		
Pauling Boxer		
Sylvia Young Bear		
Mary Jane Bear	Community Worker	Fort Kipp
Floyd George Blount		
Julia Fast Horse		
George Fast Horse		

Actually there were more people present - they drifted in and out throughout the meeting. A tough audience to play to - no emotion or feedback, and I'm never sure if they are understanding me or not. Nevertheless, the proof of how well we are doing is shown in the 19 SSI Referral applications Mrs. Bearcub turned in to me, along with 179 names of other SSI applicants. (They ran out of SSI Referral Forms). I gave her sufficient referrals forms and asked she have her volunteers to complete the referral forms with the names she had. This will be done this week. Knowing that Mr. Martin was in Poplar, I tracked him down and asked he come down and talk to these people. He seemed harassed and not quite willing; Mr. Hollow came on the line and asked he

come down to the tribal office - Mr. Martin was there in 10 minutes. He almost lost control when he saw the 19 SSI applications and completely panicked when he saw there were an additional 179 names to be processed. He said he could get additional help, set up a special day for accepting SSI Applications, and talk to his boss as to when they would be able to do this. I stated he better be prepared for some additional surprises for the indication I am getting from the field, there will be a heavy influx of SSI applications coming in from each county he will be visiting. He got real nervous.

He did answer several questions and Mr. Hollow will make arrangements and facilities for Mr. Martin's next visit to process Fort Peck's SSI Applications.

II. PROBLEMS:

These people have a real interest in this program. Every effort should be made by us all (including SSA) to brief and process the Indian people. I suggest periodic calls to Mrs. Bearcub and Mr. Hollow to insure they have no questions or problems. Kathy, please do this upon receipt of this report.

III. ACTION TAKEN/RECOMMENDED:

As suggested, we should maintain close contact with Mrs. Bearcub and her volunteers during this period when they are filling out their SSI Referrals. I asked the group again to seek out further SSI potentials and encourage them to apply for benefits.

PHILLIP R. GONZALES,
DISTRICT DIRECTOR

PRG/km

ATTACHMENT I

SIGNIFICANT NOTES

Departed Sidney, Montana 59270	12:40 P.M. 2/13/74	(13 degrees)
Arrived Poplar, Montana	2:00 P.M. 2/13/74	(8 degrees)

I am extremely pleased with the Fort Peck meeting and response. With my boots and turquoise belt buckle, I feel like I belong to these people and I am right at home.

All is well.

SSI FIELD REPORT

Circle, Montana 59250 February 14, 1974

I. Discussion:

I am back on schedule, at least for the time being. I arrived at Circle at 12:40 P.M., called Mr. John Kuntz and arranged to meet that afternoon at 1:00 P.M. at the Memorial Hall. He arrived and seemed gruff, but friendly enough. He opened up the place but we had no one to show until 1:30, which were the following:

Mrs. Ethel Keeland
Mrs. Mildred Limesand
Mr. Lou Limesand
Mr. Karl Kawalski
Mr. John Kuntz

I talked about an hour.

II. PROBLEMS:

The problem here is lack of real civic leadership. Personally, I think a prime need is here for an active Red Cross Chairman. Mr. Kuntz readily admitted no one was willing to make any kind of effort toward volunteer work. This poor response has been borne out in our efforts to get someone to call a meeting or gathering. Of course who suffers from this civic laziness are the people who do need help or the word, perhaps about a program which will make their life easier.

III. ACTIONS TAKEN/RECOMMENDED:

I preached and passed out pamphlets and referral forms to these people and I will arrange to speak to the senior citizens at their regular once a month meeting on a Thursday (unknown date at this time). I do feel some satisfaction that I, at last, was able to speak to someone. There have been two news articles published on the subject in their "Banner" newspaper.

SIGNIFICANT NOTES

Departed Glendive	12:00 P.M.	2/14/74	(41 degrees)
Arrived Circle	12:40 P.M.	2/14/74	" "

None

SSI FIELD REPORT

Glendive, Montana 59330 February 14, 1974

I. DISCUSSION:

A little late in leaving Wolf Point placed me behind arrival schedule at Glendive by 40 minutes. Mrs. Dorothy Geiger was awaiting my arrival at the Jordan-Holiday Lodge. Apparently I was supposed to participate in a taped broadcast, however, this interview can be conducted on my next visit to Glendive.

Mrs. Geiger and I did proceed to Radio Station KXGN (1400), 210 South Douglas, where we made a "live" broadcast (about 15 minutes) on the SSI Program. The announcer said it went verywell and sounded good. At 11:00 A.M., a meeting was held in the conference room of the Jordan Hotel with a small, but representative group of the following Glendive citizenry:

Helen L. Freeman	Retired Persons
Margaret Kampschor	President 55 + Club
Chris Kampschor	55+ Club & Senior Citizens
Mike Geiger	
Dorothy Geiger	Dawson County ARC

I discussed the SSI Program and was assured a large audience from the Senior Citizens at my next visit. They meet each Monday afternoon at 1:30 P.M. Also, the American Association of Retired Persons (AARP) meet once each month on the second Thursday in the evening. I left Glendive at noon to keep my 1:00 P.M. appointment in Circle (46 miles).

II. PROBLEMS:

There is good publicity conducted here, but no large consortium of people, which I can delegate volunteer action in search and contact of SSI Eligibles. I believe next month will produce this kind of activity.

III. ACTION TAKEN/RECOMMENDED:

Aside from the morning group which I spoke to , I did meet and speak on the SSI Program to 43 members of the VFW Auxillary here in Glendive

at 8:00 P.M. and then proceeded to the Moose Lodge where I spoke to 65 members at 8:45 P.M. February 14, 1974. These late speaking engagements help to alleviate the poor morning showing. Everyone reflects a great interest and understanding for this program.

Two newspaper articles have been published this week and last week on this subject. This is due to the Helena "shotgun" dispatches and our own individual letters and suggested news release articles to each editor/manager.

PHILLIP R. GONZALES,
DIVISION DIRECTOR

PRG/km

ATTACHMENT I

SIGNIFICANT NOTES

Departed Wolf Point	59201	8:15 A.M.	2/14/74	6 degrees
Arrived Glendive	59330	9:45 A.M.	2/14/74	41 degrees

Roads good, but with fog and ice in northern portion of route to Glendive. It seemed lucicrous to have passed through Circle for Glendive and then head back to Circle in the afternoon - then back to Glendive. I don't think most people understand the effort we make to satisfy their arrangements.

Holiday Lodge - Carpeted doors and walls. Three stars, but one star on food.

Called Kathy in afternoon.

SSI FIELD REPORT

Wibaux, Montana 59353 February 15, 1974

I. DISCUSSION:

A good start from Glendive, Montana to Wibaux in the A.M. and Miles City in the afternoon. I arrived there at approximately 9:00 A.M. and went to the Wibaux County Courthouse and met Mrs. Shirley Kramer. Actually, there was no meeting because everyone was out of town, because of the basketball tournament in Miles City. She stated there had been some interest in the SSI Program, but no applications. She had asked a Mrs. Barthel to come in while I was there because Mrs. Kramer thought she would qualify for the SSI Program. Sure enough, she came in and I signed her up on the SSI Referral Form. I calculate she will get $31.00. She seemed quite pleased, however I did have to call Miles City and get some information from Kenneth Childers, the Miles City SSA Manager. I asked Mrs. Kramer to arrange a meeting in March for me with the Senior Citizens group.

II. PROBLEMS:

I'm not sure if there are SSI eligibles in Wibaux County or not. The county and town are small in population and there may not be too many eligible persons.

III. ACTION TAKEN/RECOMMENDATIONS:

This is the second time I have gone to Wibaux and no group to talk to about SSI. Talking next month to the Senior Citizens will help but it is also the last month of our SSI Alert Program. Mrs. Kramer said the Pioneer Gazette did print our news release in last week's paper. Very good article, she said.

PHILLIP R. GONZALES,
DIVISION DIRECTOR

PRG/km

ATTACHMENT I

SIGNIFICANT NOTES

Departed Glendive	8:30 A.M.	2/15/74	38 degrees
Arrived Wibaux	9:00 A.M.	2/15/74	

No snow - no ice - good road.

SSI FIELD REPORT

Terry, Montana February 16, 1974

I. DISCUSSION:

This format for my usual Field Report will be shortened due to the inconsequential progress made in these communities. Despite my extensive briefing and working with volunteers on my last visit, little or no work has been done in my absence. Mr. Ban and the following personnel were present at our meeting, 9:00 A.M. on Saturday the 16th.

Susan Ashley
Margaret Tuckert
Eva Cullen
Ruth Sackman

I, again, briefed the program and its progress and encouraged them to form a telephone committee to call those potential eligibles. They agreed and I discussed the SSI referral form again with them. Mr. Ban said no article has yet appeared in the paper - so, please remind me to make a polite inquiry to the Terry Tribune.

Nothing more, I went back to Miles City, where I spent the weekend.

PHILLIP R. GONZALES,
DIVISION DIRECTOR

PRG/km

SSI FIELD REPORT

Miles City, Montana 59301 February 15, 1974

I. DISCUSSION:

I left Wibaux in sufficient time to arrive in Miles City at noon, check in at the motel and call Mr. Hatch, Red Cross Chairman, Custer County. He had arranged for me to speak to an afternoon group of civic people at 2:00 P.M, (List of names misplaced) with approximately 18 in number present. Mr. Melchor, U.S. Representative, arrived late for a previous meeting and was unable to come to our SSI discussion. I talked for about an hour and urged their cooperation in briefing the SSI Program and taking SSI applications. The response was good. Mr. Kenneth Childers, SSA Manager for Miles City District, answered several questions and alluded to the fact the SSI payment for a single had gone up another $6.00. (See Attachment I)

At 4:00 P.M., Mr. Hatch and I cut a 10 minute radio tape on the SSI with KATL (1340). It was run Sunday afternoon, February 17, 1974 at 1:00 P.M.

At 6:00 P.M., Mr. Hatch and I appeared for 7 minutes on Channel 3, Television Station KYUS and discussed the SSI Program for Custer County.

Mr. Hatch said the newspaper "Star" had run two articles on the SSI Program.

II. PROBLEMS:

Real work by volunteers in obtaining/submitting SSI referrals to the SSA Field Representatives for processing.

III. ACTION TAKEN/RECOMMENDED:

More push - more talk - more list of eligible people for the program.

PHILLIP R. GONZALES,
DIVISION DIRECTOR

PRG/km

ATTACHMENT I

Departed Wibaux	10:30 A.M.	2/15/74	
Arrived Miles City	11:45 A.M.	2/15/74	46 degrees

War Bonnet Inn Three Stars

Had a nice chat with Mr. White Crow. He went to Lame Deer on the 15th of February to talk to the Northern Cheyennes on the SSI Program.

Basketball tournament in town.

Ekalaka	57
Hysham	58

It was a good game - about 2,000 screaming fans. I enjoyed it.

I called for Ray Pederson of the SSA regarding the $6.00 increase in SSI payment for a single. Pederson not in. Talked to George Freemole - "Not to my knowledge".

Kathy.

SSI FIELD REPORT

Baker, Montana February 18, 1974

I. DISCUSSION:

I met Dr. Sam Weeks at 8:15 A.M., and I realize now each time I say I will be in town at 8:00 A.M. - to them, it means the meeting should be held at that time. This has happened on several occassions - the result is that no one but the SSI sponsor shows and I break all records to arise and drive 80 miles to be there at 8:00 A.M. Anyway, Dr. Sam was his usual cherubic self and after we had completed our repartee, I got down to the business of SSI. Apparently nothing had moved. A lady senior citizen came in and we got her to make calls to several senior citizens, which she did. As a result, the following personnel showed:

S. A. Weeks
Dessa Shepherd
Lena Linden
Jessie Steiber
Lois Rose
Otto Hoenke
Hazel Stark
Gulnare Shutts
Coleman Korokk (alky)

I briefed, talked, pleaded and cajoled with these people. I believe they might do something but it could just peter out. Again, I suggested the telephone committee. Dr. Sam had not arranged a radio interview on the program. I called and got one set up for 10:30 A.M. that morning. I went down to Radio Station KFLN (960), 50,000 watts, no less, and cut a 10 minute tape. It was on the air when I reached my car. As a result I had one obviously alcoholic come to our meeting at the Senior Citizens and several phone calls. However, the station does reach as far as Broadus - Glendive - Ekalaka and Miles City.

PHILLIP R. GONZALES,
DIVISION DIRECTOR

PRG/km

SSI FIELD REPORT

Ekalaka, Montana February 18, 1974

I. DISCUSSION:

I managed to leave Baker around 11:30 A.M. and I drove the 40 miles to Ekalaka. Apparently my arrival was scheduled for 1:30 P.M. so I had time for lunch. I did meet with Mrs. Strait at the meeting time and the following persons showed:

Kathryn Carter
Ira Kortum
Frances A. Gundlack
Margie Gundlack
Marion L. Strait
Mabel M. Strait
Sarah E. Johnston

Not a good showing but there had been SSI inquiries and several applications turned in from this small community. We talked and discussed the program. It's hard to say what the results will be. Next month, I will try a new, innovative approach which will get their attention. I completed the discussion at 2:00 P.M. and I headed out for Broadus, 195 miles.

PHILLIP R. GONZALES,
DIVISION DIRECTOR

PRG/km

SSI FIELD REPORT

Broadus, Montana February 19, 1974

I. DISCUSSION:

Upon arriving, I checked in at the Quarter Horse Motel. I called Mrs. Sandall the next morning, after going to the Senior Citizen's meeting house and no meeting, and I was disappointed to learn nothing had been arranged. She said the notice did not come out in the paper as she thought it would. I talked to her over the telephone but I didn't get much comfort from our talk. No SSI inquiries. She had mentioned it at the Senior Citizens, but I guess it didn't take. The best I can do is to talk to the Senior Citizens group at their regular meeting and get more people involved in the community. I am disappointed.

I left for Billings at 9:15 A.M. - not too chipper.

PHILLIP R. GONZALES,
DIVISION DIRECTOR

PRG/km

ANNEX "D"

SSI ALERT DIVISION DIRECTOR REPORT

MAR 1974

I. FACTS AND SPECIFIC ACHIEVEMENTS

a. 4 March 1974. The Division Director traveled to Helena, Montana to brief the Helena Red Cross Chairman on the proposed SSI Alert extension beyond 31 March 1974 and to discuss the hiring of a
n new SSI Alert District Director.

b. 8 March 1974. The Division Director traveled to Helena, Montana to brief the newly appointed SSI Alert District, Mr. George Eyebel, in Helena on his duties and responsibilities of the SSI Alert Program. Mr. Ted Larson had to resign as Helena District Director on 9 March 1974 due to failing health. Met with Dan Kelly, State Director/Aging and briefed the status and financial bearing of the SSI project and plans for continuation of the program beyond March.

c. 11-20 March 1974. The Division Director traveled to the 12 eastern counties of Montana (previously described) to work with key workers/volunteers on the SSI Project. It was the intent to brief on the SSI Alert extension beyond 31 March 1974 through April 1974 and encourage volunteer workers to continue in the SSI Project and program.

d. 21 March 1974. The Division Director proceeded to Billings, Montana to discuss SSI matters and review the agenda for the forthcoming March seminar in Billings. Mrs. Adele Thiel, District Director, Billings had decided not to continue as District Director after 31 March, as she was committed to previous plans. Very reluctantly, her resignation will be accepted at the end of the month. Mrs. Hattie Martin, Acting Executive Secretary, Midland Empire Red Cross Chapter, Billings will take her place. Very fortunate to have two outstanding and experienced workers in the SSI Alert Program and selected as SSI Alert District Directors. Without question, the Billings District will miss Mrs. Thiel and her hard work-no nonsense effective approach in getting volunteers to work and obtain SSI applications.

1) Talked at great length with Mr. Ed Johnson, SSA District Manager, Billings District. These talks are beneficial to me since it allows me the chance to observe the rapport between SSI District Director and SSA District Manager and staff.

e. 21-26 March 1974. Very busy during this period preparing charts and statistics for Billings Seminar. Additionally, each SSA District Manager, Montana, was called and briefed on the SSI Alert extension by the Division Director. Each SSA Manager was asked for suggestions, criticisms, and recommendations, which could be discussed at the forthcoming March Seminar, Billings. A large amount of administrative work had accrued which the Division Director completed during these days off the road.

f. 28-29 March 1974. These tow days comprised the SSI Alert Seminar IV at Billings, Montana with Mrs. Adele Thiel and Phillip Gonzales as co-chairman for this productive and informative meeting. The seminar details are embodied in Tab D, Billings Seminar, March 74, Seminar Reports.

The objective was not only to determine exactly how the SSI Alert Program stood at that particular moment, but to project financial expenses/costs, including salaries, into the forthcoming 30 days in April and insure the SSI Alert Program for Montana could operate an additional 30 days at no-additional expense to state or federal agencies. After long, tiring work sessions - these factors were determined and resolved. Definite work plans, schedules and itineraries were made by seminar participatns to gracefully phase-out the SSI Alert Program, 30 April 1974.

1) Mr. Ed Johnson, SSA District Manager, Billings, District was guest an speaker advisor to this seminar.

II. PROBLEMS.

a. How to determine exact financial status of present and future SSI Alert monies in order to extend the SSI Alert project an additional 30 days at no additional expense/cost to the state or federal agencies?

1) Resolved - through long, soul searching cost estimates and budget planning by SSI Alert District Directors at the Billings seminar.

b. How to plan and complete the Montana SSI Alert Program by 30 April 1974?

1) Resolved - through suggestions, ideas and discussions made at the Billings seminar by District Directors.

III. SUMMARY/ANALYSIS

A month filled with questions, doubts and decisions regarding the SSI Alert 30 day extension through April 1974. These factors were resolved through good, productive discussion periods up-down-across communication/command channels at local/state/federal levels and during the SSI Alert Seminar at Billings, Montana.

The most rewarding aspect of this 30 day extension was the outstanding fact that the people of Montana would be the ultimate beneficiary of this decision and action.

The SSI statistics for program participation continues to rise and improve throughout Montana. Much work and effort is yet to be done by all.

TAB D

Eastern Montana Monthly Report - Mar 74

SSI FIELD REPORT

Wolf Point, Montana March 11, 1974

FACTS AND SPECIFIC ACHIEVEMENTS:

I arrived in Wolf Point, Montana in late afternoon. I contacted Mrs. Beulah Waller at the Senior Citizens Center. We discussed the SSI Program and the eleven SSI applications that have been turned in by her to the SSA office. There did not seem to be any particular problems except not much interest among the senior citizens. Great pinochle playing crowd. Mrs. Waller and her volunteers are continuing to work and come up with names so I suppose continued efforts will pay off.

Mrs. Waller and I cut an eight minute tape of the Radio Station KVCK. I had to introduce myself and weave Mrs. Waller into the taped conversation, which I did. It was played throughout Roosevelt County the next day, March 12, 1974.

I didn't talk to any civic group or senior citizens this trip to Wolf Point.

Weather overcast but 44 degrees warm. RON at Sherman Motel.

PHILLIP R. GONZALES,
DIVISION DIRECTOR

PRG/km

SSI FIELD REPORT

Scobey, Montana March 12, 1974

FACTS AND SPECIFIC ACHIEVEMENTS:

An early start from Wolf Point brought me into Scobey, Montana O/A 9:00 A.M. I contacted Mrs. Beverly Barstad at the County Court House and I learned a meeting with Scobey volunteers was scheduled at 10:00 A.M., which Mrs. Elsie Daniels had arranged. The following personnel were present at the 10:00 A.M. meeting:

Mrs. Elsie Daniels
Mrs. Beverly Barstad
Mrs. Sadie Walker
Mrs. Ruth Bartole
Mrs. Marion Eide
Mrs. Marie Dickinson
Mrs. Ella Mae Evanshass

Personally, I thought this informal exchange and discussion on the Scobey SSI Program was interesting and beneficial. All towns in Daniels County have been thoroughly canvassed and reviewed for SSI applicants. Approximately eleven to fifteen applications have been taken and forwarded to the SSA office - the volunteers feel confident the word is getting out and that people are making application. Mrs. Daniels gave me two news articles which had been printed in the Daniels Leader (enclosed). There were two questions on eligibility which I will have to find answers from the SSA. One concerned pensions and certain limitations and the other concerns re-certification of SSI applicants.

Mrs. Daniels, Mrs. Barstad and I went to Radio Station KCGM and made a 8 - 10 minute tape on the SSI Program as it now stands in Daniels County. It seemed to go smoothly and it was broadcast that afternoon. I took Mrs. Daniels and Mrs. Barstad to lunch - then left for Plentywood.

PHILLIP R. GONZALES,
DIVISION DIRECTOR

PRG/km

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DIVISION DIRECTOR

PRG/km

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PHILLIP R. GONZALES,
DIVISION DIRECTOR

PRG/km

SSI FIELD REPORT

Plentywood, Montana March 12, 1974

FACTS AND SPECIFIC ACHIEVEMENTS:

I arrived in Plentywood, Montana at 1:20 P.M. and proceeded directly to the Security National Bank where the meeting had been arranged. In attendance was a small group:

Roy Melle	Red Cross Chairman
Saralda Nathe	Red Cross Advisory Board
Elsie Meddlers	Social Service Agency
Arnie Rasmussen	Pioneer Manor

Again, an informal discussion was held on the status of the SSI Program in Sheridan County and the response in the small town communities of Medicine Lake, Outlook, Westby, Antelope, Reserve, Dagmar and Redstone. The review indicated that volunteers had been working well in these communities and they have received close attention. Mrs. Nathe was proud of the fact that approximately 15 applications had been or will be completed by the 20th of this month. Some questions were asked but most everyone seemed to have a good grasp of the SSI Program at this time. I firmly believe the people of Montana would have never been reached unless the SSI Alert Program had not been initiated and established. It would have been years before possible SSI eligibles would have learned of the program, under normal approach and publicity.

Mrs. Nathe had cut a tape announcement of the SSI Program, explaining its benefits and eligibility rules. She playedit on her cassette recorder and I thought it was quite good. She made a lead-in for Roy Melle and me to come on after her talk. I talked for about 5 minutes on the tape and Saralda took the completed tape to Radio Station KPWD for several broadcasts. I don't know how it turned out over the air.

Certainly, there doesn't seem to be any big problem in Plentywood. Mrs. Nathe seems to move and act very positively in all her volunteer efforts and endeavors.

PHILLIP R. GONZALES,
DIVISION DIRECTOR

SSI FIELD REPORT

Sidney, Montana March 13, 1974

FACTS AND SPECIFIC ACHIEVEMENTS:

I arrived in Sidney O/A 9:30 A.M. I went directly to the basement of the new city library where I talked to Mrs. Mary Alice Rehbein and received my shcedule. As always, she had the meeting organized and set up for 10:00 A.M. in the civil defense conference room, city library. The following personnel attended the 10:00 A.M. meeting:

Mrs. Mary Alice Rehbein (Attached)

The meeting was short and informal. We discussed the SSI Program as it exists in Richland County. There were five SSI applications which were turned in for the SSA office in Great Falls. It appeared some work had been done and applications had been taken on a small number of senior citizens. Again, I answered questions which had been asked before, yet this kind of repitition is necessary to get the word across.

Upon conclusion, I went to Radio Station in the Lalonde Hotel and made the standard 8 - 10 minute tape. I believe the tape went well and it was put on the air that same afternoon.

Upon completion. I drove to Poplar, Montana.

Roads good - overcast - windy and cold.

PHILLIP R. GONZALES,
DIVISION DIRECTOR

PRG/km

SSI FIELD REPORT

Poplar, Montana March 13, 1974

FACTS AND SPECIFIC ACHIEVEMENTS:

I arrived Poplar at 1:30 P.M. and went to the tribal office and Mrs. Bear Cub. We chatted briefly and then I paid a courtesy call on Mr. Norman Hollow. He was incensed against Herb Martin, the SSA Field Rep. Hollow has been ticked off against Martin since the last February meeting. The reason being that Martin appeared reluctant to come out to the tribal office and talk. It isn't nice to fool the Sioux. Anyway, Norman Hollow wanted to discuss Social Security matters with Martin this date. When I tried to reach Martin, I discovered he was not in town, but in Glasgow. I called there and I talked to him briefly. He had made a radio talk on the SSI Program in Glasgow and had sent two women to Poplar to handle SSA matters. When I mentioned this fact to the tribal chief, Norman Hollow, I could see what was happening in his mind's eye - Herb Martin was hanging head down from a stake in middle of camp, a slow fire burning close to his blackened face, several thousand Sioux trying to reach Herb Martin with their spears and Norman Hollow giving the old thumbs down sign. Poor old Herb. I had suggested he, Herb, call Norman Hollow which he did. He caught hell since Hollow had a nice long, scathing letter from one of his Indians to Senator Mike Mansfield on the bad handling Martin and crew had given him.

Anyway, I met with Mrs. Bear Cub's volunteers and we talked (or rather I talked and talked and talked) and I am never sure whether I have gotten through or not. The SSI referral forms were a mess. The long list of names which Loretta had compiled for SSI application on my last visit was a shambles and incomplete. It appears that I should come back to Poplar and spend two-three days working with the Indian volunteers, visiting each community and check off each name as we interview them one by one.

I left Poplar and returned to Wolf Point - not satisfied with the SSI Program at Mr. Hollow's place.

PHILLIP R. GONZALES,
DIVISION DIRECTOR

PRG/km

SSI FIELD REPORT

Circle, Montana March 14, 1974

FACTS AND SPECIFIC ACHIEVEMENTS:

Undoubtedly, the highlight of this visit to eastern Montana must be the live viable audience of interested SSI people in Circle, Montana. Father Harold Arbanas welcomed me at the door of the St. Francis Rectory at 9:30 A.M. and ushered me into his living room where the the following personnel were assembled to hear about the SSI Program:

Norma Jensen (Mrs. Pete Jensen)	Circle, Montana
Verna A. Carlson, Project Director	Senior Citizens
Marg Wangen, President	" "
Harold Arbanas	Council of the Aged
Anne Sowle	" " " "
Judson Townley	Eastern Montana Ecumenical Team Ministry

I felt like a Jesuit priest among the heathens for I talked and talked the SSI Program for almost two hours. Many questions were asked and I went over the SSI referral forms in detail so everyone fully understood how to take an application.

We definitely have a live contact here with our program and I think the word will be spread. I am scheduled to speak to the Kiwanis Club in May if I am still aboard. I definitely felt very good about this meeting and I hope there will be some results.

PHILLIP R. GONZALES,
DIVISION DIRECTOR

PRG/km

SSI FIELD REPORT

Glendive, Montana March 14, 1974

FACTS AND SPECIFIC ACHIEVEMENTS:

I arrived in Glendive, Montana in sufficient time to check into the Holiday Lodge and get settled before the 1:30 P.M. meeting with Mrs. Margaret Kampschror and her volunteer group. The meeting was held in the Jordan Hotel conference room but a disappointing crowd was in attendance:

Mary E. Thomas
Nick Ziegler
Chris Kampschror
Mrs. Prestage
Mrs. Kampschror
Otis G. Hill

Three people had not heard about the SSI Program, however, it was difficult for them to understand the details of the program. They would argue the program and carry out a discourse against the government and politicians. So this was not a group assembled to help with the SSI Program, but to determine their own eligibility. Mrs. Kampschror was apologetic, however, she failed to mention the time for the SSI meeting when she had solicited periodic announcements over the radio. The people there had guessed at the meeting time. Anyway, the meeting ended and I don't think anything worthwhile came out of it except the very fine help and suggestions for eastern Montana volunteers from Mr. Otis Hill of ACTION. Remind me to pass on a compliment for this young man to Dan Kelly, his boss.

PHILLIP R. GONZALES,
DIVISION DIRECTOR

PRG/km

SSI FIELD REPORT

Wibaux, Montana March 15, 1974

FACTS AND SPECIFIC ACHIEVEMENTS:

Really the trip to Wibaux is not worthwhile from this point on. Mrs. Kramer was there, along with Pat Robinson (driver for the Senior Citizens). Neither had anything to offer on the SSI Program. It was their consensus of opinion, there was no one in Wibaux County who was eligible. My 25 mile visit there was just a courtesy call upon the county seat and that is the extent and value of the SSI Program in Wibaux County.

If I could talk directly to the senior citizenry, it would be worth another trip there - otherwise, continue to send news articles to the local paper and consider Wibaux closed. Otis Hill suggested I contact Amelia Tenant or Mrs. Esther Ostby, Senior Citizens, prior to next visit.

PHILLIP R. GONZALES,
DIVISION DIRECTOR

PRG/km

SSI FIELD REPORT

Terry, Montana March 15, 1974

FACTS AND SPECIFIC ACHIEVEMENTS:

I did visit with Ivan Ban in Terry at the appointed time and place in the county court house. Among those present were:

Ivan Ban
Susan Ashley
Eva M. Cullen
Ruth Lorensbery
Ruth Sackman

We discussed the SSI Program but there has been little or no applications for program benefits. They did convince me that they have canvassed every community in Praire County and they have briefed the SSI Program to every eligible. I feel certain these actions have taken place. I really can't fault their work and efforts. We talked for some time - cleared up questions and they assured me they will continue to work and search for eligibles in Praire County.

PHILLIP R. GONZALES,
DIVISION DIRECTOR

PRG/km

SSI FIELD REPORT

Miles City, Montana March 16, 1974

FACTS AND SPECIFIC ACHIEVEMENTS:

After my visit to Terry, Montana, I remained over night at Miles City, Montana. The appointment with Mr. Charley Hatch, Red Cross Chairman, Custer County, was made for Saturday, 16th March 1974, at 3:00 P.M., Met Cafe, where we did meet with the following personnel and discussed the SSI Program:

Ken Childers	Miles City SSA Manager
David Rivens	
Ray Riggs	Chapter Chairman, Red Cross
Charley Hatch	Chirman, Red Cross
June Jordan	
Henry Jordan	
Colleen Kohn	
Don Eyre	
Vern Erlen Busch	
Al Howard	
Mrs. Connie Milton	
Grady Clancy	
Leonard Perkins	
Betty Viemont	

The coffee meeting and SSI discussion lasted for almost two hours and there were many questions regarding the program. Again, volunteers were apprised of the program's current status and need to press for potential eligible participation. Promises were made to continue SSI volunteer work and publicity in the program.

I made a 10 minute radio tape at Radio Station KATL (1440 KC), which was played on Sunday, 17 March 1974. On Monday, 18 March 1974, Mr. Charley Hatch, Red Cross Chairman, Custer County and I made a television appearance for approximately 10 minutes at KYUS (Channel 3). These actions should help to greatly publicize the SSI Program to Miles City and surrounding communities.

PHILLIP R. GONZALES,
DIVISION DIRECTOR

PRG/km

SSI FIELD REPORT

Broadus, Montana March 19, 20, 1974

FACTS AND SPECIFIC ACHIEVEMENTS:

Unable to get into Ekalaka, I traveled to Broadus, Montana on the afternoon of the 19th for a meeting set at 10:00 A.M., March 20, 1974. I called Mrs. Sandall, upon arrival, and confirmed the time date and place. I did meet with Mrs. Sandall on Wednesday, the 20th, however, no one came to the meeting except Mrs. Foster. After discussing SSI eligibility with Mrs. Foster, I did take her SSI referral application and I am certain she will be eligible. This individual is a classic example of a local publicized and non-publicized SSI Program in the community. Apparently, there was a reluctance or inability to paint a comprehensive report on the SSI Program in the Powder River Examiner. As a result, the community has not been widely briefed on the SSI Program benefits, etc. Mrs. Foster learned of the SSI Program from a news article printed in Miles City on my February visit to that community and she came to the SSI meeting. Obviously, Mrs. Foster can greatly benefit from the SSI Program - she is 68 years old, $96.00 veteran's pension, no other income, no assets, lives in a one room log cabin, no electricity and carries her water from across the road.

Certainly, I will have to galvanize the newspaper into action for news coverage so Powder River residents will learn and perhaps benefit from our program.

PHILLIP R. GONZALES,
DIVISION DIRECTOR

PRG/km

SSI FIELD REPORT

Baker, Montana March 18, 1974

FACTS AND SPECIFIC ACHIEVEMENTS:

I traveled from Miles City to Baker, Montana in sufficient time to arrive in Baker O/A 1:00 P.M. I immediately went to the Senior Citizen's Center for an anticipated meeting on the SSI Program. Several people were there but their reason for meeting was in regard to something else other than SSI. I drove out to Dr. Sam Week's residence and talked to him for about thirty minutes on the SSI Program. Apparently, my arrival had slipped his mind and he had not arranged a meeting with Senior Citizens, SSI volunteers and myself. I feel the Baker program has lagged and the only SSI response from the Baker community will be through news media efforts from newspapers and radio. I went to Radio Station KFLN (960 KC) and cut a 10 minute radio talk on the SSI Alert Program and its benefits. This tape will be run each Monday at 6:30 P.M. during the month of March 1974.

PHILLIP R. GONZALES
DIVISION DIRECTOR

PRG/km

SSI FIELD REPORT

Ekalaka, Montana

March 19, 1974

FACTS AND SPECIFIC ACHIEVEMENTS:

I left Miles City for Ekalaka O/A 7:30 A.M. in order to arrive for meeting with Mrs. Mabel Strait and SSI volunteers in the early morning. The distance is approximately 125 miles. When I arrived at Baker, Montana (40 miles distance from Ekalaka), there was heavy snow, visibility 1/8th mile and snow/ice covered roads which were not snow plowed. I decided the weather and road conditions too hazardous for further travel. As a result I did not get to Ekalaka, Montana and this is the first time I have been unable to keep my appointment schedule.

PHILLIP R. GONZALES,
DIVISION DIRECTOR

PRG/km

ANNEX "E"

SSI ALERT DIVISION DIRECTOR REPORT

APRIL 1974

I. FACTS AND SPECIFIC ACHIEVEMENTS.

a. 2 April 1974. The Division Director taveled to Helena, Montana to brief Mr. George Eyebel, SSI District Director, Father Courtney - newly appointed Red Cross Chairman, Helena Chapter on the SSI Alert extension. A particular problem and question was whether the Helena SSI District had sufficient monies for salary and operational expense? The financial standing of the Helena District was again reviewed; the Division Director assured the Helena Red Cross Chairman that all salaries and expenses would be met.

1) The Division Director then proceeded to the State Director of Aging and asked permission to transfer SSI Alert District monies between the five SSI Alert Districts to help Helena meet April operational expenses. This was agreed by Mr. Kelly, both verbally and with a written letter to all District Directors. As a result, all four districts of Butte, Billings, Missoula and Great Falls chipped in with a prorated amount of monies to Helena, which allowed continued district participation of the SSI Alert project through April 1974. It must be realized that the 30 day extension of the SSI Alert Program in Montana would be funded and costed out of original budget monies, with no additional cost to state/federal agencies.

b. 3-6 April 1974. The Division Director traveled to Missoula, Montana to join Mr. Byron Hess, District Director, for a scheduled visit and SSI briefing at Kalispell and Libby, Montana on the 3rd and 4th April. These briefings were productive with key workers and some newly trained volunteers. The close itinerary brought the Division and District Directors to visit the Flathead Indian Reservation on the afternoon of the 4th April; after a briefing to the tribal secretary, both directors proceeded to Missoula for overnight. On the 5th April, both directors drove to Ravalli County and Hamilton/Corvallis communities where key workers were briefed on the SSI program. During this period,

the Division Director made three radio broadcasts and one state-wide television appearance in behalf of Montana's SSI program.

c. 6-8 April 1974. Administrative work, policy/itinerary/appreciation/thank you letters were written and processed by the Division Director.

d. 9 April 1974. The Division Director traveled to Helena, Montana to visit with Mr. Dan Kelly, State Director/Aging and Mr. George Eyebel, District Director on SSI budget and financial update.

e. 10-17 April 1974. The Division Director traveled to the 12 eastern counties of Montana to meet and confer with SSI Alert volunteers and key workers in each county seat. Special effort and attention were made to brief/encourage volunteers to continue their work, even though the SSI Alert program was phasing-out. Every opportunity was made to include SSA personnel and Red Cross personnel in all television-radio appearances, along with the Division Director, and indicate to the public the personnel who would be available to them to answer SSI questions and receive help after SSI Alert phase-out.

f. 17-18 April 1974. The Division Director traveled to Billings, Montana and discussed SSI budget monies and final report summaries with Mrs. Hattie Martin, newly appointed SSI Alert District Director, Billings District.

1) The Division Director met with Mr. Ed Johnson, SSA District Manager to discuss SSI status.

2) Two radio tapes and two state-wide television appearances were made with the Division Director, SSA District Manager and Red Cross Chairman, Billings, in attendance. One television appearance was 30 minutes in duration.

g. 19-27 April 1974. The Division Director worked in his Great Falls office coordinating the phase-out of the SSI Alert District Program in Montana. Administrative details and correspondence were considerable work loans which the Division Director applied himself. Also, preparation for the SSI Alert Seminar V at Missoula, Montana continued throughout all districts.

1) The Division Director mailed an outline of the required final/written summary report and pertinent questions which would require answers to state/national agency levels by each District Director. The District Directors were instructed to bring their written summaries of the SSI Alert Program with them when attending the April seminar.

h. 28-30 April and 1 May 1974. The Division Director traveled to Missoula, Montana for the fifth and final SSI Alert Seminar. The details of the Missoula Seminar are found in Tab E., Missoula Seminar, April 74, Seminar Reports. Without question, the work and preparations made during this workshop session by the district directors for phase-out and disengagement of the SSI Alert Program were outstanding examples of talent, coordination and conference leadership.

II. PROBLEMS.

a. How to continue the SSI Alert Program in certain districts on initial allocated monies was a nagging problem.

1) Resolved - by transfer of budget monies from district to district, as previously described.

b. How to write/outline final summaries of district reports.

1) Resolved - by providing a comprehensive work outline to SSI Alert Districts by which they could follow and answer key questions of evaluation and analysis.

III. SUMMARY/ANALYSIS

A most profitable month in terms of work and SSI applicant participation. Each district director was engrossed in completing and phasing out their SSI Alert Program in their respective districts.

The SSI Alert Program for Montana was successfully completed on 1 May 1974.

The Division Director officially traveled 3,374 miles during the month of April.

TAB E

Eastern Montana Monthly Report - Apr 74

SSI FIELD REPORT

10 April 1974 Wolf Point, Montana

1. The drive from Great Falls to Wolf Point, Montana was made during intermittent rain showers and a slow moving cold front. Upon arrival I contacted Mrs. Beulah Waller, SSI Alert key volunteer worker. She had arranged my speaking and briefing engagement to 47 Senior Citizens at the Senior Citizen Center, 1500 hours. I spoke approximately 35 minutes on the SSI program and benefits.

2. The local program (SSI) is going well with some new applications.

3. I made a 10 minute radio broadcast interview in Wolf Point on the SSI program, with Mrs. Waller participating.

SSI FIELD REPORT

11 April 1974 Scobey, Montana

1. I departed Wolf Point in sufficient time to meet with six SSI volunteers in the Scobey County Courthouse at 1000 hours. The SSI Program was reviewed as it related to Daniels County; I received the report of some SSI applications but I believe the potential applicants have been initially contacted and briefed. Mrs. Elsie Daniels was not at the morning meeting but I did discuss with her the SSI program upon my return trip through Scobey from Plentywood. She confirmed my thoughts that all potentials for the program have now been contacted in Daniels County.

SSI FIELD REPORT

11 April 1974 Plentywood, Montana

1. From Scobey to Plentywood is a distance of 43 miles, which was not leisurely covered by the Division Director's 1970 Bonneville 454 cubic inch Pontiac since he was late in leaving Scobey. I did arrive in sufficient time at the usual SSI meeting place in the Security National Bank building to discuss and review the SSI Program with Mrs. Saralda Nathe and Mr. Roy Melle, plus 4 other volunteer members. The program has been well covered in Sheridan County and few potentials are left to be interviewed and briefed. Mrs. Nathe has been an outstanding worker volunteer in this program. Mrs. Nathe, Mr. Melle and I cut a 10 minute radio tape in Sidney on the SSI Program.

SSI FIELD REPORT

12 April 1974 Sidney, Montana

1. I traveled to Sidney from Wolf Point, Montana over hazardous and treacherous terrain; the road is bad - very bad - from Culbertson to Sidney. Nevertheless, I did meet with Mrs. Mary Alice Rehbein and three SSI volunteers. Even though the crowd number was disappointing, I believe the the program has been well established and covered in Richland County. Mrs. Rehbein reviewed the SSI Program, towns and communities visited, persons briefed and the reaction of SSI volunteer workers, who share the belief that few potential applicants now exist in this county. Mrs. Rehbein and I made a 9 minute radio braodcast in Sidney restating the SSI Program and benefits.

SSI FIELD REPORT

12 April 1974 Poplar, Montana

1. A real bust. My visit here on Fort Peck Reservation was not productive to the SSI Program since I was unable to get an interview/discussion with the tribal chairman, Mr. Norman Hollow or meet with the Indian people and determine the SSI program status. I did talk with Mrs. Loretta Bearcub, a key volunteer worker, for a few minutes in regard to the program. She appeared hurried and eager to get away from the subject. She stated the program was well established and doing well. I believe there is still much work to be done with these Indians.

SSI ALERT FIELD REPORT

13 April 1974 Circle, Montana

A 1000 hour appointment at Circle, Montana with Father Arbanias and his volunteer group was kept with ten minutes to spare. What a change from earlier appointments, cancellations and inability to get the people of Circle interested in the SSI Alert Program! The volunteer group met in the St. Francis Rectory and we discussed the status and progress of the program at great length. I was told several SSI applications had been taken, as result of my last meeting and many potential eligibles had been contacted. Questions on eligibility criteria were answered and key workers promised to continue work in Circle and outlying communities. I left SSI literature with the group and I feel sure they will continue to work in the program.

SSI ALERT FIELD REPORT

15 April 1974 Glendive, Montana

For the first time, in four months, I met with the Senior Citizens Group of Glendive. Previously, I have talked to the majority of Glendive's civic groups, including the Catholic Daughters and Moose Lodge members yet - I had never been successful in meeting with the Senior Citizens. Periodic radio broadcasts, throughout the day, on Glendive Radio Station KGLE did announce my speaking commitment to the Senior Citizens Group at 1400 hours. I did meet and speak to over 65 people who attended this SSI briefing. I fielded many questions and yet it is doubtful if there will be many volunteers out of the group; however, SSI applications are continuing to come in for SSA processing. I made one 20 minute TV appearance and one radio broadcast on SSI while in Glendive.

SSI ALERT FIELD REPORT

15 April 1974 Wibaux, Montana

Wibaux remains an enigma. I have yet to speak to a group larger than five people while visiting in Wibaux County. I was supposed to have spoken to a Senior Citizens Group this date, but I was told the Senior Citizen President had left early A.M. for Glendive. Nevertheless, I did meet with Mrs. Pat Hall, who was the community's sole representative. She is knowledgeable with the program but I doubt if she will or can help in obtaining SSI applications. Wibaux County, she states, is an affluent community and small chance for SSI application or participation. The key for identifying and locating eligible people for the program may be with the Senior Citizens Group.

SSI ALERT FIELD REPORT

15 April 1974 Terry, Montana

Mr. Ivan Ban has always been able to get a group of volunteers together for a SSI Alert meeting in Terry, Montana. This visit in April was no different. I did meet with Mr. Ban and five other key workers and discussed the status and future of the program for one hour and fifteen minutes. The volunteers of Prairie County will continue to work in the SSI Program; however, Mr. Ban believes most potentials have been contacted and signed to the program.

SSI FIELD REPORT

16 April 1974 Baker, Montana

I met with Mr. Sam Weeks and his Baker SSI volunteers at 9:30 hours, this date. This is the fourth time we have discussed the SSI Alert Program and the volunteer workers are well aware of eligibility criteria and benefits of the program. I explained the phase out of the SSI Alert portion of the national SSI Program, however, I did encourage them to keep working and seeking SSI eligibles in Fallon County. Several SSI referral applications were turned in for SSI processing. I cut a ten minute radio script on SSI, which will be repeated each week throughout the remainder of April.

SSI FIELD REPORT

16 April 1974 Ekalaka, Montana

I always enjoy visiting Ekalaka - this real, western cattle town. Mrs. Strait, the SSI leader in Carter County, had her group of volunteers meeting in the Senior Citizens Center promptly at 1400 hours. As I briefed the overall status and achievements of the program, I acknowledged the work and effort of the Carter County volunteers and their contribution to the SSI Alert Program. I asked they continue to work in the program. My opinion is that the Carter County potential eligible is about peaked out at this time.

SSI FIELD REPORT'

16-17 April 1974 Miles City, Montana

I did meet with Mr. Charley Hatch, an extraordinary key worker and volunteer at 72 years of age, who had arranged a large meeting of civic leaders and volunteer workers in the Met Cafe at 1100 hours on this date. Approximately 35 people attended this meeting, with Mr. Ken Childers, SSA District Manager, in attendance. The discussion followed the same lines and theme of previous conversation on SSI Alert phase-out in Montana. Amazingly, the people of Custer County are still working diligently in the SSI Alert Program - and I believe they will continue to do so.

I made one television appearance and one radio tape in Miles City on the SSI Alert Program.

ANNEX "F"

SSI ALERT DIVISION DIRECTOR REPORT

15 MAY 1974

I. FACTS AND SPECIFIC ACHIEVEMENTS

a. This report of the Division Director's activities are recorded up to and including the 15 May 1974. The requirement to finalize SSI Alert report summaries on 15 May 1974 negates further statement of Division Director activities except as a report supplement, which will be forwarded to Western area, American National Red Cross, San Francisco, California on 31 May 1974.

b. These first 15 days in May were devoted entirely to writing and finalizing Montana's final summaries and reports. Plans have been made to visit each tribal reservation during the last part of May, whereupon Community Health Representatives (CHR's) will be briefed and trained to identify and process SSI applicants within local Indian communities and reservations.

c. Additionally, the records and files of the Division Director will be reviewed, analyzed and stored for future purposes in the last, flickering days of the SSI Alert Program. The office will be officially closed 31 May 1974.

ANNEX "G"

SSI ALERT DIVISION SUMMARY ANALYSIS

I. FACTS AND SPECIFIC ACHIEVEMENTS.

In retrospect, the SSI Alert Program in Montana for the past four months has been a whirlwind of accomplishments, problems, decisions, innovations, dedication and plain hard work. Whatever the interplay of these factors have had upon the project, they are only inert qualities until used and projected through the effort and mind of each volunteer and key worker within the program. To add a successful ingredient, the touch and dash of competent, effective program leadership has been adequately provided by the five SSI Alert District Directors and staff.

The breadth and scope of the SSI Alert Program was a remarkable and classic example of a people to people program in every circumstance, condition and place throughout the State of Montana. It would be, indeed, difficult to describe the personal effort and tribulation each worker put into this most worthwhile project or record the mixture of their disappointment, joy, failure and success; yet, most assuredly, these conditions were real and applicable to every person who attempted to identify, locate and tell the Aged, Blind and Disabled people of Montana about the Supplemental Security Income Program and its benefits. It is to these good citizens, neighbors and volunteers of Montana that we owe our thanks and appreciation

for another job, "well done". This final summary dutifully testifies to their work and efforts in the Supplementary Security Income Program of Montana.

The following represent the highlights of the SSI Alert Program achievements as they occurred from December 73 through 30 April 74; this listing will be referenced later when evaluations are made and problem areas discussed.

a. Quick Start in the SSI Alert Program.

1) Budget established/approved, Dec 73.

2) Early coordination and liaison with local/state agencies, Dec 73.

3) SSI Alert Division/District staff hired and trained, Dec 73.

4) SSI Alert offices established, Dec 73.

5) Staff duties and areas of responsibilities resolved, Dec 73.

b. Volunteer Training.

1) Early visit to each Montana County, Jan 74.

2) Key workers and volunteers identified, briefed and trained, Jan 74.

3) Continuous liaison and coordination established between Division/District Director (s) and key worker/volunteers, Jan 74 - Apr 74.

c. Seminar Workshops.

1) End of month seminar workshops in different SSI district areas to determine past, present and future status of SSI Alert Programs, Dec 73 - Apr 74.

d. Publicity.

1) Early vigorous and continuous efforts for publicity in news, TV and radio media, Dec 73 - Apr 74.

e. Reporting.

1) Established early procedures for obtaining weekly/monthly report status of SSI Alert participants from computer sources, Jan 74 - Apr 74.

f. Liaison.

1) Maintained early liaison with state/local personages and agencies throughout SSI Alert Program, Dec 73 - Apr 74.

2) All local/state agencies briefed, informed on all matters of the SSI Alert Program, Dec 73 - Apr 74.

3) Each Montana County visited each month by SSI Alert Division/District staff, Jan - Apr 74.

g. Absolute Cooperation.

1) From the outset, a spirit of cooperation and understanding from Montana people for the SSI Alert Program.

h. Competency.

1) Montana's SSI Alert Program was fortunate to have competent, steadfast, dedicated district staff/volunteer personnel working in this project. For example, Mrs. Wilma Puich, Butte District Director, achieved 100% SSI participation of 800 potential eligibles within a four month period.

i. Careful Expenditure of Budget Monies.

1) Through careful expenditure of budget monies, Montana's SSI Alert Program was able to extend its program an additional thirty day period without any additional cost of salary/operational expense to state/national agencies.

II. EVALUATIONS.

I have believed from the outset that the Supplementary Security Income Program, enacted and passed by Congress on 17 October 1972, is one of the best

and most beneficial programs for the Aged, Blind and Disabled people of our country. I think most people share this view. This is one reason, and a major factor, for the wholehearted support and dedication given by volunteer groups/agencies at local, state and national levels. In other words - the cause is good and easy to support up, down and across our country and in every community. There are no soul-searching hangups when people are asked to support or participate in this type of program. In the state of Montana, there is a resistance and reluctance to a welfare role and its stigma; the legislators, who designed and wrote the SSI bill, did a fine job in reducing this blight by awarding the program with a new name (for dignity) and new management (for effectiveness). It is the first, but certainly not the last, minimum guaranteed income for a special group of people in our country.

TRAINING. As stated and explained in earlier portions of this report, the organization and training of volunteers for this project were not difficult tasks. The real problem lies in the identification and motivation of the volunteer to the program. This requirement to encourage and motivate the SSI Alert volunteer was a continuous and necessary function; however, this requirement to re-energize and bolster the volunteer applied, equally, to the SSI Alert Division/District Director (s) and staff. In the pep talk to the players, the coach was revitalized to the tasks ahead.

Each SSI Alert District Director traveled to each county seat of each Montana county each month of their respective districts) and briefed/trained (1) key workers in the community (2) who, in turn, briefed/trained their volunteers. The result of this procedure was to establish and keep at local level volunteers who are known in their community and who could

identify and contact potential SSI eligibles. Usually, the key volunteer would assign and designate certain volunteers to cover outlying communities and towns. Of course the problem (which will be discussed later) was in not knowing the number, name or place of the SSI potential. The adequacy of training was a progressive, educational process and evolution for the volunteer. At the end of the SSI Alert Program, most volunteers could answer the most pertinent questions regarding the program and knew as much about the eligibility criteria and application process as the SSA Field Directors.

AGENCY PARTICIPATION. The SSI Alert Program in Montana was born and approved through consortium action. In one place or another, different agencies were briefed, consulted and included in the function of the SSI Alert Program by Division/District Directors. For example, a meeting of an RSVP or Senior Citizens' group would include a briefing from a District Director or key worker on the benefits of the SSI Program. Not only were these special and varied groups SSI briefed, but local/state civic groups were informed during their normal meetings,such as - Kiwanis, Lions, Moose Lodge, Catholic Daughters, Elks, Eastern Star and many others. It is difficult to evaluate the direct role each consortium or civic group played in the overall SSI Project, but I am positive these agencies did give their support, directly or indirectly, to the program.

PROCESSING OF POTENTIAL APPLICANTS. The SSI Alert Program in Montana came to a successful conclusion in April 1974 with over 3,000 people now participating in the SSI Program. These statistics represent 80% of the estimated 3,900 potential SSI eligible persons in Montana who have applied for benefits since 1 January 1974. While these statistics of 3,900 potential

SSI eligible people are a qualified estimate, it is in the best opinion of the five District Managers, Social Security Administration, Montana, that these figures are comparatively realistic and within reason. Weekly reports from SSA computer sources showed a daily increase in SSI applications once the SSI Program was established and underway. State-wide SSI applications continue to come into local SSA offices for review and processing and it must be concluded these applications are contributable to the work and effort of the SSI Alert District Directors and their respective volunteer forces. Even though the SSI Alert Program officially closed on 30 April 1974, the impetus and drive established by Montana's SSI Alert personnel and volunteer agencies for recruitment of people to the program will remain effective for a period of four to six months. Therefore, due credit should be given to the SSI Alert Program, throughout this future time frame, for any improved statistics and continued progress of the SSI Program, as they occur.

PUBLICITY. The most valuable asset, volunteers excepted, of the SSI Alert Program was the publicity given to the project from the beginning until the end. Each geographical part of Montana responded differently to varied combinations of news media. For example, in the far reaches of eastern Montana, the radio and newspaper media worked best to inform the people. In the metropolitan areas, television and newspapers seemed the best communications media for telling the SSI story. Each district director made radio tapes, television appearances and submitted SSI news articles to local newspapers several times each month. To prove the intensity in which all directors publicized the SSI program, I,as Division Director in the month of April, made eleven radio broadcasts, submitted

news articles to eight eastern Montana County newspapers and made four television appearances - all state-wide coverage, with one appearance for a 30 minute duration.

There is no argument against publicity, if it is good, varied and timely. When you couple a good publicity program with a good door to door volunteer campaign, you have a winner no matter what you sell.

Publicity takes on various other forms, aside from radio, TV and newspapers. In the Helena District, there were over 1,200 stuffed mailers sent to the blind throughout the state explaining the SSI benefits. In the Butte District, a comprehensive SSI news article was placed in a large chain store weekly shopper's ad, which received state-wide coverage. In the Billings District, SSI notices were placed on all church bulletin boards. In the Missoula District, telephone listings of all retired people were given to the District Director and volunteers for follow-up calls. In the Great Falls District, monies were set aside for some paid advertising; Butte District followed suit in a similar manner. The response was so good from these paid advertisings that we now regret we did not all take this action early in the program.

Due credit must be given to all Montana news media for the understanding, support and cooperation that was given to the SSI Alert Program through free, public service contributions.

ACTIVITIES THAT HAVE EVOLVED AS A RESULT OF PROJECT SSI ALERT.

I am not aware of any activities which have evolved as a result of the SSI Alert Program. I do know that the program has brought together many people and agencies, who, formerly, had not the foggiest notion of one

another until the SSI Alert Program came into being.

The SSI Alert Program was the catalyst which brought all Montana people and agencies out of routine activities and focused attention to the care and condition of the aged, blind and disabled people within the state.

USE OF SPECIAL ASSISTANCE MEMOS. The special assistance memos were useful to me if they were informative and pertinent to my problem or program, at that particular point in time. The fact that I used or did not use the special assistance memos extensively is not as relevant or important as the realization that a means of communication was established and open to disseminate information and policy to lower echelons. I did read and review every special assistance memo.

PARTICIPATION OF MINORITY GROUPS. The minortiy group (s), identifiable and indigenous to Montana, are the Indian tribes, who live on and off seven large Indian Reservations. Few Blacks and Mexicans reside in Montana; ethnic groups of Hutterites are small numbered and the large number of people who have ancestral strains of Scandinavian and Germanic heritage do not constitute a minority group. A very special effort was made to include the Indian people in the SSI Alert Program. Each tribe was visited, the people briefed; volunteer forces put into action and SSI applications were received. As stated previously, the SSI Program among the Indians is a long range and continuous program and not a short-lived or quickly concluded project. There are several reasons for these statements- (1) It is difficult to determine eligibility due to varied tribal laws concerning tribal properties (2) Special policies concerning the Indians and SSI eligiblity have been slow or not yet formulated (3) Many Indians are already participants in other welfare program benefits (4) Communica-

tion remains a problem - not necessarily because of language differences but in attitudes and the psychological outlook of the Indian.

Yes, the Indian is a very special minority group who has been given the full SSI Program and opportunity to participate. The Community Health Representatives (CHR) are continuing the SSI Program on all seven Indian Reservations. No information is available as to the number of individual participants as a percent of total participation.

RELATIONS WITH GOVERNMENT AGENCIES. Early liaison and briefings to key state and local agencies on SSI Alert Program and plans were the keystone for the fine and harmonious relationship between Division/District Director (s) and government agencies. Particular effort was made to inform and coordinate all SSI matters of importance with the State Director of Aging and the SSA District Managers. I maintained personal, telephonic contact with State Director of Aging, Deputy Regional Director (SSA), Red Cross Regional Liaison Officer and Western Area, American National Red Cross. All problems were resolved through personal communication and contact.

I wish to acknowledge the excellent support of these people in federal, state and local agencies who, unstintingly, gave their time and effort to the issues of the SSI Alert Program and who never failed to respond to my questions and proposals.

LOCAL SUPPORT FOR PROJECT SSI ALERT. The support for the SSI Alert Program, both locally and state-wide, has been outstanding. Once the people

understood what the program was about, there was never a single instance, to my knowledge, when the public did not respond to the needs of the program. Each person responded in his own way - the volunteer who went out and knocked on doors - the newscaster who provided public service communication - the civic leader who allowed you to speak at his meeting/function the SSA District Director who attended seminar sessions as an advisor and authority and the many number of consortium groups/volunteers who helped to identify and locate SSI eligibles. The support to SSI Alert Program has, indeed, been impressive.

ASSESSMENT OF LONG TERM BENEFITS OF PROJECT SSI ALERT. The benefits of the SSI Alert Project can be measured each day into future years by the question, "How does the Supplemental Security Income Program benefit the aged, blind and disabled people of our country?" The conclusion to this proposition must be that each SSI participant will receive increased benefits which make his/her life easier and better. The fact that the participant is now in the SSI Program means that person was formerly below the standard minimum income and now enjoys increased assistance monies.

I believe the Project has proved again the efficacy of the volunteer program and its basic concept of a grass root approach in a people to people contact. These people represent a dormant force until awakened to the call of a worthwhile project for their volunteer services. To lead this volunteer force requires strong, direct leadership and organization.

SPECIAL EVENTS OR HUMAN INTEREST STORIES RESULTING FROM THE CONSORTIUM'S EFFORTS:

The SSI Alert story in Montana is filled with accounts of colorful personalities and human interest. Two incidents which occurred in my eastern Montana district are typical of the resourcefulness and courage of Montana people.

The town of Plentywood, Montana (2,381 population) lies in the far northeast of the state - only 16 miles from the Canadian border. One potential SSI applicant in Plentywood was a lady over 65 years of age crippled and barely able to walk, who owned her own home, $2,000.00 in savings assets, yet received only $86.00 per month from social security payments. When the Red Cross Chairman/SSI Alert Volunteer and Mrs. Saralda Nathe, Montana's Mother of the Year, briefed this elderly lady on the SSI Program, she was receptive, but disappointed that she was ineligible, due to her assets. To record how personal interest and care for your neighbor can benefit a person, the Chairman (Red Cross), Mrs. Nathe and her wonderful SSI Alert volunteer workers investigated and found that this lady needed a new roof for her old house, a new stove and a new bed. They persuaded her to spend $500.00 to get the roof repaired, buy a new stove and bed and thereby bring her assets below the $1,500.00 limitation. All purchases were arranged at absolute rock bottom price with the merchants of Plentywood by the SSI Alert Volunteer Committee. The lady was signed up for the SSI Program benefits and she is now receiving approximately $74.00 increased income each month. It was almost a miracle happening to her and she is still talking about her good fortune.

Broadus, Montana (Population 799) is the county seat of Powder River County. Sparsely populated, arid, rolling hills provide grazing land for thousands

of cattle in the southeast section of the state. The elderly lady in Broadus attended one of my SSI briefings; after the meeting, she asked that I review her circumstances and determine her eligibility for the program. In our conversation, I found she lives in her own one room log cabin only two blocks away, no water (carried by bucket from a faucet across the street), no electricity and receives a total of $96.00 per month from her deceased husband's pension. I signed her with the SSI Alert Program and she now receives approximately $64.00 increased income each month. Think about how these additional monies will benefit this lady.

III. PROBLEMS.

While it is redundancy to repeat SSI Alert Problems noted in foregoing annexes, I think it necessary to gather and present a digest of these problem areas, with additional comments:

a. Geographical areas of responsibility for five district directors. Time, distance and population factors proved that five district directors would be unable to visit each county in Montana each month.

    1) Problem resolved. The SSI Alert Division Director elected to carry the 12 eastern counties of Montana as an additional duty.

b. Inclement weather posed serious and detrimental problems for mid-winter travel in Montana to each county.

    1) Problem resolved. Each district director did press on to assigned SSI Alert tasks, regardless of weather conditions. A thorough briefing was given to seminar participants on the hazards of Montana winter driving conditions by the Division Director.

c. The non arrival of SSI Alert monies to meet payrolls and expenses in each SSI Alert District became an immediate and pressing problem for SSI Alert personnel and key Red Cross Chapters. This early financial condition posed great problems to a newly organized program and personnel.

1) Problem resolved. Local Red Cross Chapters carried certain payrolls and expenses of the SSI Program until grant monies from/through the State Director of Aging arrived O/A 12 February 1974.

d. Inclement weather continued to be an unavoidable hindrance, but no deterent to the overall SSI Alert Program.

e. Payroll and expense monies for Montana's SSI Alert Program arrived during February.

1) Resolved - as described in January's report.

f. Fort Peck Indians complained about the SSA coordination and processing of SSI applicants.

1) Resolved - through conversation(s) with Great Falls SSA District Manager.

g. A decision and close look at the SSI Alert budget and monies for continuation of the SSI Alert Program beyond 31 Mar 1974.

h. How to determine exact financial status of present and future SSI Alert monies in order to extend the SSI Alert Project an additional 30 days at no additional expense/cost to the state or federal agencies?

1) Resolved - through long, soul searching cost estimates and budget planning by SSI Alert District Directors at the Billings seminar.

i. How to plan and complete the Montana SSI Alert Program by 30 April 1974?

1) Resolved - through suggestions, ideas and discussions made at the Billings seminar by District Directors.

j. How to continue the SSI Alert Program in certain districts on initial allocated monies was a nagging problem.

1) Resolved - by transfer of budget monies from district to district, as previously described.

k. How to write/outline final summaries of district reports.

1) Resolved - by providing a comprehensive work outline to SSI Alert Districts by which they could follow and answer key questions of evaluation and analysis.

IV. RECOMMENDATIONS.

Facts, achievements, evaluations and problems have been stated in retrospect and appropriately digested - the remaining cud is the question, "What would have made the program better?" Since I do not, in every instance, have factual knowledge of exact policy, procedures and organizational command lines at state and federal levels, the following recommendations are tempered by theory and conjecture:

a. The lead time for the American National Red Cross to establish the SSI Alert Program in Montana was insufficient - even though the Division Director overcame the adversity of a late start. At least a full thirty days lead time would be required to allow the Division Director to establish and organize the SSI Alert Program, similar to Montana's procedures in Dec 73.

b. It should have been mandatory, not an option, to employ a SSI Alert Division Director in each state to lead and give guidance to the overall state program at intermediate management level.

c. The SSI Alert Division Director and the Representative, State Director of Aging should have been one and the same position. How easy it would have been for the SSI Alert Division Director to have completed his duties as Division Director, American National Red Cross, and then phase into his continuing SSI duties, under the auspices of the State Director of Aging. An approximate savings of $15,000 could have been effected by this procedure, along with the experience and project knowledge possessed by one individual.

d. National, State and Area policies should have been firm and disseminated prior to the start of the SSI Alert Project. For example, firm policy should have been made earlier in regard to unemployment withholding procedures, accrued leave time or no leave time for division level employees, etc.

e. In this respect, budget monies should have been placed at state levels before the start of the SSI Alert Program.

f. It is suggested a one time seminar of state division directors should have been held in Western Area at the end of the first month's operation. This would have allowed a concerted look-see into each division's program of past, present and future activities. A cross section of views, procedures, policies, ideas and suggestions from seminar participants would have been beneficial for their respective programs.

g. The SSI Alert Program was not long enough in duration. The briefing, training and organization of volunteer forces was just becoming effective in the second month of operation; theoretically, close down and phase-out procedures would have taken place approximately 15 days into the third and last month of authorized operation. I recommend a four month period for such an intensified volunteer program. This would allow full utilization and peak-out of volunteer forces; it is hardly worth gearing up the operation for anything less.

V. PHASE-OUT.

The SSI Alert District Directors were phased out 30 April 1974. The SSI Alert Division Director and staff will phase out 31 May 1974. This overall summary embodies the individual SSI Alert District reports and supporting appendices over a four month period; additionally, the SSI Alert Division Director has reported and summarized, in detail, his activities, achievements, evaluations, problems and recommendations for a six month interval.

All District left over monies were transferred to a special account, established at Division level, to carry expenses of the Division Director and pay outstanding District expenditures and accounts not yet received on 30 April 1974..The Division Director will close out this special account, with zero balance, on 31 May 1974.

A financial briefing on all SSI Alert budget monies and matters will be given to the State Director of Aging during the last week in May 74. Financial and historical records of the Division Director will be received, classified and stored in two filing boxes, permanently stored in Red Cross facilities, Montana Division, American National Red Cross, Great Falls, Montana. The address and telephone number of the Red Cross in Great Falls are Box 2406, Great Falls, Montana, 59406 and telephone number 452-6486. The permanent home address and telephone number of Montana's SSI Alert Division Director are 3823 Vigilante Drive, Great Falls, Montana 59401 and telephone number 761-7802

Letters of appreciation, thank you letters, SSI Alert certificates(signed by Division Director and Montana's Red Cross Manager) SSI Alert and Director/ Aging certificates (signed by Montana's Governor) were sent to each Montana volunteer and key worker. Also, letters of appreciation and thank you letters were sent by Division/District Director (s) to civic groups, SSA personnel, publicity news media and many others who helped in the SSI Alert Program. Personal letters of appreciation and plaques were awarded to each SSI Alert District Director by the Division Director in a formal ceremony at the April seminar. Testaments have been given at every formal function extolling thanks and appreciation for the extraordinary SSI Alert volunteer effort and leadership of the District Directors.

It is my opinion that every detail and requirement to transition and phase out SSI Alert responsibilities and services in an orderly manner have been performed. Additionally, all social amenities and courtesies have been spoken, written and rewarded to those who have worked and helped the aged, blind and disabled people of Montana.

VI. FUTURE.

"While the present is past, the future is yet to come". There are times when we must stand in the present and look back to the past for guidance, experience and hope for the future. The SSI Alert Program, and similar programs, could be repeated again and again and each program would be successful. The principle or basic formula for solving a problem always remains the same and unchanged, yet there may be several ways to arrive at a correct solution; success is the result of a principle correctly used.

The basic principle of a people working in a volunteer status, without reward, for the care and betterment of his fellow man can be successfully used in every program or circumstance. It requires leadership to insure the principle for a program is correctly applied, and as long as this principle of care remains in the heart of man - the volunteer system for helping one another will always work and function.

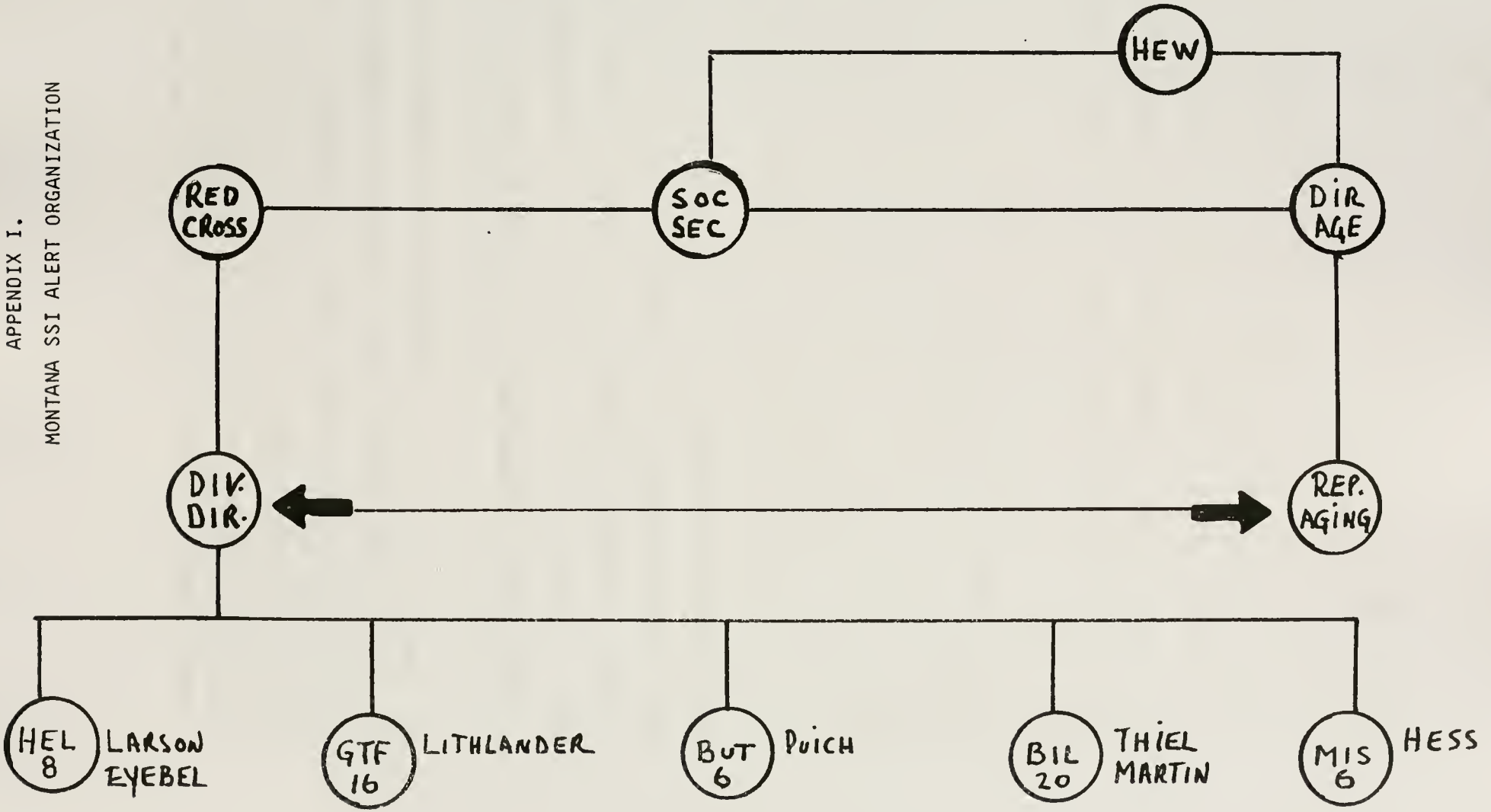
The future is now brighter and better for the aged, blind and disabled people of Montana.

APPENDIX I.

MONTANA SSI ALERT ORGANIZATION

SSI ALERT PROGRAM

ORGANIZATION



APPENDIX II.

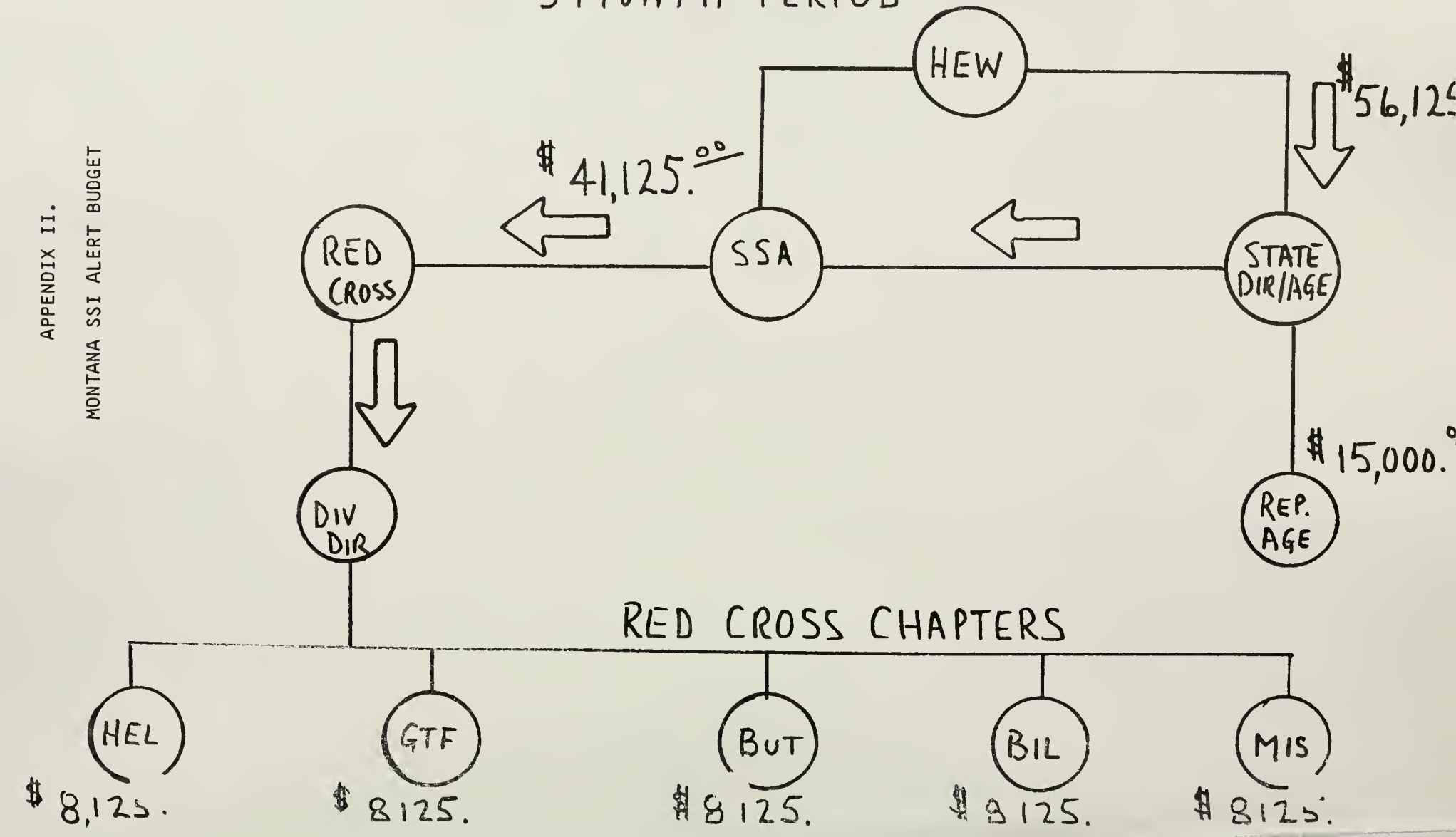
MONTANA SSI ALERT BUDGET

SSI ALERT PROGRAM BUDGET

3 MONTH PERIOD

TOTAL BUDGET

$56,125.00



APPENDIX III

SSI ALERT PROGRAM

FACTS AND SPECIFIC ACHIEVEMENTS

	ALL DISTRICTS JAN	ALL DISTRICTS FEB	ALL DISTRICTS MAR	ALL DISTRICTS APR	ALL DISTRICTS TOTALS
1. TOTAL SSI APPLICATIONS POSSIBLE	900	800	600	800	3,900
2. TOTAL SSI APPLICATIONS RECEIVED	855	773	528	976	3,132
3. REFERRALS RECEIVED	77	359	307	188	931
4. REFERRALS SCREENED	67	167	148	63	445
5. TOTAL 56 COUNTIES VISITED	56	66	58	77	257
6. TOTAL VOLUNTEERS RECRUITED	452	322	244	202	1,220
7 TOTAL VOLUNTEERS BRIEFED/ TRAINED	471	334	526	190	1,527
8. SSI MAILINGS					4,225
AGENCIES					149
GROUPS					76
9. TOTAL CIVIC GROUPS BRIEFED/NUMBER	361	220	23	28	632
10. TOTAL RADIO MEDIA INTERVIEWS	32	20	17	32	101
11. TOTAL TELEVISION MEDIA INTERVIEWS	5	13	5	10	33
12. TOTAL NEWSPAPER MEDIA PRINTED	47	100	67	51	265
13. NUMBER TIMES CONSORTIUM MET	33	33	26	22	114
14. NUMBER PEOPLE CONSORTIUM BRIEFED	173	435	623	436	1,667
15. INDIAN RESERVATIONS VISITED	12	10	NA	3	25
16. NUMBER INDIANS BRIEFED	129	88	66	40	329
17. TOTAL MILES TRAVELED	10,489	8,380	9,558	7,503	35,930